

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Health Care Financing Administration

42 CFR Parts 405, 410, 413, 414, 415, 424, and 485

[HCFA-1006-FC]

RIN 0938-A152

## Medicare Program; Revisions to Payment Policies and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 1999

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Final rule with comment period.

**SUMMARY:** This final rule makes several policy changes affecting Medicare Part B payment. The changes that relate to physicians' services include: resource-based practice expense relative value units (RVUs), medical direction rules for anesthesia services, and payment for abnormal Pap smears. Also, we are rebasing the Medicare Economic Index from a 1989 base year to a 1996 base year. Under the law, we are required to develop a resource-based system for determining practice expense RVUs. The Balanced Budget Act of 1997 (BBA) delayed, for 1 year, implementation of the resource-based practice expense RVUs until January 1, 1999. Also, BBA revised our payment policy for nonphysician practitioners, for outpatient rehabilitation services, and for drugs and biologicals not paid on a cost or prospective payment basis. In addition, BBA permits certain physicians and practitioners to opt out of Medicare and furnish covered services to Medicare beneficiaries through private contracts and permits payment for professional consultations via interactive telecommunication systems. Furthermore, we are finalizing the 1998 interim RVUs and are issuing interim RVUs for new and revised codes for 1999. This final rule also announces the calendar year 1999 Medicare physician fee schedule conversion factor under the Medicare Supplementary Medical Insurance (Part B) program as required by section 1848(d) of the Social Security Act. The 1999 Medicare physician fee schedule conversion factor is \$34.7315.

**DATES:** *Effective date:* This rule this rule is effective January 1, 1999.

*Applicability date:* Part 405 subpart D is applicable for private contract affidavits signed and private contracts entered into on or after January 1, 1999.

This rule is a major rule as defined in Title 5, United States Code, section

804(2). Pursuant to 5 U.S.C. section 801(a)(1)(A), we are submitting a report to the Congress on this rule on October 30, 1998.

*Comment date:* We will accept comments on interim RVUs for selected procedure codes identified in Addendum C and on interim practice expense RVUs for all codes as shown in Addendum B. Comments will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m. on January 4, 1999.

**ADDRESSES:** Mail written comments (1 original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA-1006-FC, P.O. Box 26688, Baltimore, MD 21207-0488.

If you prefer, you may deliver your written comments (1 original and 3 copies) to one of the following addresses:

Room 443-G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or Room C5-14-03, 7500 Security Boulevard, Baltimore, MD 21244-1850.

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code HCFA-1006-FC. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 443-G of the Department's offices at 200 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: (202) 690-7890).

**FOR FURTHER INFORMATION CONTACT:**

Roberta Epps, (410) 786-4503 (for issues related to outpatient rehabilitation services).

Stephen Heffler, (410) 786-1211 (for issues related to the Medicare Economic Index).

Anita Heygster, (410) 786-4486 (for issues related to private contracts).

Jim Menas, (410) 786-4507 (for issues related to Pap smears and medical direction for anesthesia services).

Robert Niemann, (410) 786-4569 (for issues related to the drugs and biologicals policy).

Regina Walker-Wren, (410) 786-9160 (for issues related to physician assistants, nurse practitioners, clinical nurse specialists, and certified nurse-midwives).

Craig Dobyski, (410) 786-4584 (for issues related to teleconsultations).

Stanley Weintraub, (410) 786-4498 (for issues related to practice expense

relative value units and all other issues).

**SUPPLEMENTARY INFORMATION:**

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To assist readers in referencing sections contained in this preamble, we are providing the following table of contents. Some of the issues discussed in this preamble affect the payment policies but do not require changes to the regulations in the Code of Federal Regulations. Information on the regulation's impact appears throughout the preamble and not exclusively in part IX.

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In addition, because of the many organizations and terms to which we refer by acronym in this final rule, we are listing these acronyms and their corresponding terms in alphabetical order below:

- AANA: American Association of Nurse Anesthetists  
 ABC: Activity based costing  
 ABN: Advance Beneficiary Notice  
 AHE: Average hourly earnings  
 AMA: American Medical Association  
 ANCC: American Nurses Credentialing Center  
 ASA: American Society of Anesthesiologists  
 ASOPA: American Society of Orthopedic Physician Assistants  
 AWP: Average wholesale price  
 BBA: Balanced Budget Act of 1997  
 BLS: Bureau of Labor Statistics  
 CAAHEP: Commission on Accreditation of Allied Health Education Programs  
 CF: Conversion factor  
 CFR: Code of Federal Regulations  
 CMSAs: Consolidated Metropolitan Statistical Areas  
 CORF: Comprehensive outpatient rehabilitation facility  
 CPEPs: Clinical Practice Expert Panels  
 CPI: Consumer Price Index  
 CPI-U: Consumer Price Index for All Urban Consumers  
 CPS: Current Population Survey  
 CPT: [Physicians'] Current Procedural Terminology  
 CRNA: Certified Registered Nurse Anesthetist  
 DME: Durable medical equipment  
 DMEPOS: Durable medical equipment, prosthetics, orthotics, and supplies  
 DRG: Diagnosis-related group  
 EAC: Estimated acquisition cost  
 ECI: Employment Cost Index  
 ES-202 Data: Bureau of Labor Statistics from State unemployment insurance agencies  
 ESRD: End-stage renal disease  
 FDA: Food and Drug Administration  
 FMR: Fair market rental  
 FQHC: Federally qualified health center  
 GAAP: Generally accepted accounting principles  
 GAF: Geographic adjustment factor  
 GPCI: Geographic practice cost index  
 HCFA: Health Care Financing Administration  
 HCPAC: Health Care Professionals Advisory Committee  
 HCPCS: HCFA Common Procedure Coding System  
 HHA: Home health agency  
 HHS: [Department of] Health and Human Services  
 HMO: Health maintenance organization  
 HPSA: Health professional shortage area  
 HRSA: Health Resources and Services Administration  
 HUD: [Department of] Housing and Urban Development  
 IPLs: Independent Physiologic Laboratories  
 MedPAC: Medicare Payment Advisory Commission

- MEI: Medicare Economic Index  
 MGMA: Medical Group Management Association  
 MSA: Metropolitan Statistical Area  
 MSA: Medicare Supplemental Insurance  
 MVPS: Medicare volume performance standard  
 NAIC: National Association of Insurance Commissioners  
 NBCOPA: National Board on Certification for Orthopedic Physician Assistants  
 NCCPA: National Council on Certification of Physician Assistants  
 NPI: National provider identifier  
 OBRA: Omnibus Budget Reconciliation Act  
 OTIP: Occupational therapist in independent practice  
 PC: Professional component  
 PHS: Public Health Service  
 PMSA: Primary Metropolitan Statistical Area  
 PPI: Producer price index  
 PPS: Prospective payment system  
 PTIP: Physical therapist in independent practice  
 RBRVS: Resource Based Relative Value Scale  
 RHC: Rural health clinic  
 RUC: [AMA's Specialty Society] Relative [Value] Update Committee  
 RN: Registered nurse  
 RVU: Relative value unit  
 SMS: Socioeconomic Monitoring System  
 SNF: Skilled nursing facility  
 TC: Technical component  
 TEFRA: Tax Equity and Fiscal Responsibility Act  
 UPIN: Uniform provider identifier number

## I. Background

### A. Legislative History

Since January 1, 1992, Medicare has paid for physicians' services under section 1848 of the Social Security Act (the Act), "Payment for Physicians' Services." This section contains three major elements: (1) A fee schedule for the payment of physicians' services; (2) a sustainable growth rate for the rates of increase in Medicare expenditures for physicians' services; and (3) limits on the amounts that nonparticipating physicians can charge beneficiaries. The Act requires that payments under the fee schedule be based on national uniform relative value units (RVUs) based on the resources used in furnishing a service. Section 1848(c) of the Act requires that national RVUs be established for physician work, practice expense, and malpractice expense.

Section 1848(c)(2)(B)(ii)(II) of the Act provides that adjustments in RVUs because of changes resulting from a review of those RVUs may not cause total physician fee schedule payments to differ by more than \$20 million from what they would have been had the adjustments not been made. If this tolerance is exceeded, we must make adjustments to the conversion factors (CFs) to preserve budget neutrality.



### *B. Published Changes to the Fee Schedule*

In the June 5, 1998, proposed rule (63 FR 30820), we listed all of the final rules published through October 31, 1997 relating to the updates to the RVUs and revisions to payment policies under the physician fee schedule. In the June 5, 1998 proposed rule (63 FR 30818), we discussed several policy options affecting Medicare payment for physicians' services including resource-based practice expense RVUs, medical direction rules for anesthesia services, and payment for abnormal Pap smears. Also, we discussed the rebasing of the Medicare Economic Index from a 1989 base year to a 1996 base year. Further, based on BBA, we proposed revising our payment policy for nonphysician practitioners, for outpatient rehabilitation services, and for drugs and biologicals not paid on a cost or prospective payment basis. In addition, based on BBA, we discussed implementing new payment policies for certain physicians and practitioners who opt out of Medicare and furnish covered services to Medicare beneficiaries through private contracts. And finally, based on BBA, we discussed teleconsultation services.

This final rule affects the regulations set forth at 42 CFR part 405, which consists of regulations on Federal health insurance for the aged and disabled; part 410, which consists of regulations on supplementary medical insurance benefits; part 414, which consists of regulations on the payment for Part B medical and other health services; part 415, which pertains to services furnished by physicians in providers, supervising physicians in teaching settings, and residents in certain settings; part 424, which pertains to the conditions for Medicare payment; and part 485, which pertains to conditions of participation: specialized providers.

### **II. Specific Proposals for Calendar Year 1998; Response to Comments**

In response to the publication of the June 5, 1998 proposed rule, we received approximately 14,000 comments. We received comments from individual physicians, health care workers, and professional associations and societies. The majority of the comments addressed the proposal related to the resource-based practice expense policy.

The proposed rule discussed policies that affect the number of RVUs on which payment for certain services would be based. Certain changes implemented through this final rule are subject to the \$20 million limitation on

annual adjustments contained in section 1848(c)(2)(B)(ii)(II) of the Act.

After reviewing the comments and determining the policies we will implement, we have estimated the costs and savings of these policies and added those costs and savings to the estimated costs associated with any other changes in RVUs for 1999. We discuss in detail the effects of these changes in the Regulatory Impact Analysis (section IX).

For the convenience of the reader, the headings for the policy issues in this section correspond to the headings used in the June 5, 1998 proposed rule. More detailed background information for each issue can be found in the June 5, 1998 proposed rule.

#### *A. Resource-Based Practice Expense Relative Value Units*

##### **1. Resource-Based Practice Expense Legislation**

Section 121 of the Social Security Act Amendments of 1994 (Public Law 103-432), enacted on October 31, 1994, required us to develop a methodology for determining resource-based practice expense RVUs for each physician's service that would be effective for services furnished in 1998. In developing the methodology, we were required to consider the staff, equipment, and supplies used in providing medical and surgical services in various settings.

The legislation specifically required that, in implementing the new system of practice expense RVUs, we apply the same budget-neutrality provisions that we apply to other adjustments under the physician fee schedule.

On August 5, 1997, the President signed the BBA into law. Section 4505(a) of BBA delayed the effective date of the resource-based practice expense RVU system until January 1, 1999. In addition, BBA provided for the following revisions in the requirements to change from a charge-based practice expense RVU system to a resource-based method.

Instead of paying for all services entirely under a resource-based system in 1999, section 4505(b) of BBA provided for a 4-year transition period. The practice expense RVUs for the year 1999 will be the product of 75 percent of charge-based RVUs (1998) and 25 percent of the resource-based RVUs. For the year 2000, the percentages will be 50 percent charge-based and 50 percent resource-based. For the year 2001, the percentages will be 25 percent charge-based and 75 percent resource-based. For subsequent years, the RVUs will be totally resource-based.

Section 4505(e) of BBA provided that, for 1998, the practice expense RVUs be adjusted for certain services in anticipation of the implementation of resource-based practice expenses beginning in 1999. Practice expense RVUs for office visits were increased.

For other services whose practice expense RVUs (determined for 1998) exceeded 110 percent of the work RVUs and were provided less than 75 percent of the time in an office setting, the 1998 practice expense RVUs were reduced to a number equal to 110 percent of the work RVUs. This limitation did not apply to services that had a proposed resource-based practice expense RVU in the June 5, 1998 proposed rule that was an increase from its 1997 practice expense RVU.

The total of the reductions under this provision was less than the statutory maximum of \$390 million. The procedure codes affected and the final RVUs for 1998 were published in the October 31, 1997 final rule (62 FR 59103).

Section 4505(d)(2) of BBA required that the Secretary transmit a report to the Congress by March 1, 1998, including a presentation of data to be used in developing the practice expense RVUs and an explanation of the methodology. A report was submitted to the Congress in early March 1998. Section 4505(d)(3) required that a proposed rule be published by May 1, 1998, with a 90-day comment period. For the transition to begin on January 1, 1999, a final rule must be published by October 30, 1998.

BBA also required that we develop new resource-based practice expense RVUs. In developing these new practice expense RVUs, section 4505(d)(1) required us to—

- Utilize, to the maximum extent practicable, generally accepted accounting principles that recognize all staff, equipment, supplies, and expenses, not just those that can be tied to specific procedures, and use actual data on equipment utilization and other key assumptions;
- Consult with organizations representing physicians regarding the methodology and data to be used; and
- Develop a refinement process to be used during each of the four years of the transition period.

**2. Proposed Methodology for Computing Practice Expense Relative Value Units**  
(See Addendum B in the June 5, 1998 proposed rule (63 FR 30888) for a detailed technical description of the proposed methodology.)

In the June 5, 1998 proposed rule (63 FR 30827), we proposed a methodology



for computing resource-based practice expense RVUs that uses the two significant sources of actual practice expense data we have available: the Clinical Practice Expert Panel (CPEP) data and the American Medical Association's (AMA's) Socioeconomic Monitoring System (SMS) data. This methodology is based on an assumption that current aggregate specialty practice costs are a reasonable way to establish initial estimates of relative resource costs of physicians' services across specialties. It then allocates these aggregate specialty practice costs to specific procedures and, thus, can be seen as a "top-down" approach.

#### *Practice Expense Cost Pools*

We used actual practice expense data by specialty, derived from the 1995 through 1997 SMS survey data, to create six cost pools: administrative labor, clinical labor, medical supplies, medical equipment, office supplies, and all other expenses. There were three steps in the creation of the cost pools.

Step 1: We used the AMA's SMS survey of actual cost data to determine practice expenses per hour by cost category. The practice expenses per hour for each physician respondent's practice was calculated as the practice expenses for the practice divided by the total number of hours spent in patient care activities by the physicians in the practice. The practice expenses per hour for the specialty are an average of the practice expenses per hour for the respondent physicians in that specialty.

Step 2: We determined the total number of physician hours, by specialty, spent treating Medicare patients. This was calculated from physician time data for each procedure code and the Medicare claims data. The primary sources for the physician time data were surveys submitted to the AMA's Specialty Society Relative Value Update Committee (RUC) and surveys done by Harvard for the initial establishment of the work RVUs.

Step 3: We then calculated the practice expense pools by specialty and by cost category by multiplying the practice expenses per hour for each category by the total physician hours.

#### *Cost Allocation Methodology*

For each specialty, we separated the six practice expense pools into two groups and used a different allocation basis for each group.

- For group one, which includes clinical labor, medical supplies, and medical equipment, we used the CPEP data as the allocation basis. The CPEP data for clinical labor, medical supplies, and medical equipment were used to

allocate the clinical labor, medical supplies, and medical equipment cost pools, respectively.

- For group two, which includes administrative labor, office expenses, and all other expenses, a combination of the group one cost allocations and the physician fee schedule work RVUs were used to allocate the cost pools.

- For procedures performed by more than one specialty, the final procedure code allocation was a weighted average of allocations for the specialties that perform the procedure, with the weights being the frequency with which each specialty performs the procedure on Medicare patients.

#### *Other Methodological Issues*

##### *Professional and Technical Component Services*

Using the methodology described above, the professional and technical components of the resource-based practice expense RVUs do not necessarily sum to the global resource-based practice expense RVUs since specialties with different practice expenses per hour provide the components of these services in different proportions. We made two adjustments to the methodology, depending on the specific HCFA Common Procedure Coding System (HCPCS) code, so that the professional and technical component practice expense RVUs for a service sum to the global practice expense RVUs.

##### *Practice Expenses per Hour Adjustments and Specialty Crosswalks*

Since many specialties identified in our claims data did not correspond exactly to the specialties included in the practice expenses tables from the SMS survey data, it was necessary to crosswalk these specialties to the most appropriate SMS specialty category. (See Table 3 in the June 5, 1998 proposed rule (63 FR 30833) for a listing of all proposed crosswalks.)

We also made the following adjustments to the practice expense per hour data:

- We set the medical materials and supplies practice expenses per hour for the specialties of "Oncology" and "Allergy and Immunology" equal to the medical materials and supplies practice expenses per hour for "All Physicians," stating that we make separate payment for the drugs furnished by these specialties.

- We based the administrative payroll, office, and other practice expenses per hour for the specialties of "Physical Therapy" and "Occupational Therapy" on data used to develop the

salary equivalency guidelines for these specialties. We set the remaining practice expense per hour categories equal to the "All Physicians" practice expenses per hour from the SMS survey data.

- Due to uncertainty concerning the appropriate crosswalk and time data for the nonphysician specialty "Audiologist," we derived the resource-based practice expense RVUs for codes performed by audiologists from the practice expenses per hour of the other specialties that perform these codes.

- Because we believed that the use of the average practice expenses per hour should create the appropriate practice expense pool for radiology, we did not attempt to differentiate the practice expenses per hour for radiologists according to who owned the equipment.

##### *Time Associated With the Work Relative Value Units*

The time data resulting from the refinement of the work RVUs have been, on the average, 25 percent greater than the time data obtained by the Harvard study for the same services. We increased the Harvard time data in order to ensure consistency between these data sources.

For services such as radiology, dialysis, and physical therapy, and for many procedures performed by independent physiological laboratories and the nonphysician specialties of clinical psychologist and psychologist (independent billing), we calculated estimated total physician times for these services based on work RVUs, maximum clinical staff time for each service as shown in the CPEP data, or the judgment of our clinical staff.

We calculated the time for Current Procedural Terminology (CPT) codes 00100 through 01996 using the base and time units from the anesthesia fee schedule and the Medicare allowed claims data.

We received the following comments on our proposed methodology to calculate resource-based practice expense RVUs:

##### *Top-Down Methodology*

*Comment:* Most of the physician specialty societies commenting on our proposed general methodology supported the use of the top-down approach as the most reasonable methodology for developing resource-based practice expense RVUs, and the most responsive approach to the requirements of BBA. This was echoed by comments from several nonphysician organizations, the Association of American Medical Colleges, and the Medical Group Management



Association, as well as several hundred individual commenters.

These commenters supported the top-down method for a variety of reasons:

- It reflects the relative values of physicians' actual practice expenses.
- It uses the best available sources of aggregate practice expense data.
- It recognizes specialty-specific indirect costs.
- It does not rely upon arbitrary, distorting data adjustments such as "linking" and "scaling."
- It is conducive to refinement.

MedPAC also agreed that this approach is necessary, because of limitations in the CPEP process and because the top-down approach assures that all practice costs are reflected in the RVUs.

However, several organizations, mainly representing primary care physicians and supported by comments from individual physicians, opposed the use of a top-down methodology to develop practice expense RVUs. They argued that the top-down approach is not resource-based but, rather, rewards higher paid physicians who have spent more in the past, regardless of the extent to which these expenditures contributed to patient care. Thus, the commenters claimed that the top-down approach perpetuates the inequities in the current charge-based practice expense RVUs that the implementation of a resource-based practice expense system was supposed to correct.

One commenter also claimed that the top-down approach is not responsive to the requirements of BBA, as the methodology is not based on generally accepted accounting principles. Further, the commenter argued that this new proposal is not more responsive to the concerns of the medical community in general but, rather, only benefits those specialties whose income was projected to decline under the bottom-up approach.

A specialty society representing clinical oncology opposed the top-down methodology because—

- It does not actually measure appropriate input resource costs and thus pays for inefficiencies;
- It overpays hospital-based and underpays office-based services; and
- The RVUs for individual codes cannot be refined because of the use of macro-specialty per hour costs.

There were several comments that expressed concern about the more specific impacts of the methodology. A major primary care organization pointed out that, under the 1997 proposed rule, an internist would have had to provide only 15 midlevel established patient office visits to obtain the practice

expense reimbursement of a single coronary triple-bypass graft, compared to 40 visits under our current proposal. One organization opposed the use of the top-down approach because of the estimated reduction in payments to radiology and radiation oncology. Another commenter, representing pathologists, expressed concern that because pathology received small gains under the bottom-up method, but a 10 percent reduction under the top-down, there are possible flaws in the top-down methodology.

A few of the above comments specifically recommended that we adopt a new bottom-up approach that is responsive to the BBA, the General Accounting Office (GAO), and the concerns of the medical community. Another organization commented that both top-down and bottom-up methodologies are inherently flawed, and that we should consider an entirely new payment algorithm using type of practice. One of the major primary care organizations concluded that the top-down methodology is only a reasonable starting point that will need to be improved during refinement in order to meet the original intent of improving practice-expense payments for undervalued primary care and other office-based services.

*Response:* As we stated in our proposed rule, BBA requires us to "utilize, to the maximum extent practicable, generally accepted cost accounting principles which recognize all staff, equipment, supplies, and expenses, not just those which can be tied to specific procedures\*\*\*\*." We still believe that the top-down methodology is more responsive to this BBA requirement. By using aggregate specialty practice costs as the basis for establishing the practice expense pools, the top-down method recognizes all of a specialty's costs, not just those linked to specific procedures.

We also believe that the other reasons outlined in the proposed rule for preferring the top-down method are still valid. It answers many of the criticisms and questions from the medical community and the GAO regarding the bottom-up method's indirect practice expense allocation method, treatment of administrative costs, and use of caps and linking.

However, we agree that a possible weakness of the top-down approach is that it may perpetuate historical inequities in the current charge-based practice expense RVUs. More highly paid physicians would presumably have more revenues that could subsequently be spent on their practices. We believe

this issue should be discussed during the refinement process.

*Comment:* One major organization commented that we will need to develop an alternative method for new and revised codes that are not included in the SMS data because having multiple methods would lead to questionable validity.

*Response:* It will not be necessary to develop an alternate methodology for refinement of new and revised codes. Once direct inputs are assigned to the new and revised codes, allocation to these codes will follow the same methodology used for all other services. (See Section II.A.4, Refinement of Practice Expense RVUs.)

*Comment:* Two major primary care organizations expressed concern that we did not consult with the physician community about our intention to abandon, rather than refine, our originally proposed bottom-up approach, since they had assumed we would only be modifying our original methodology. They commented that this is of greater concern in light of BBA's requirement that we consult with physicians regarding our methodology and of GAO's recommendation that we refine, with no mention of replacing, the bottom-up method. One of the comments stated, that as the GAO found the bottom-up method acceptable, their society would like the GAO's assurance that the new method is sound.

*Response:* We believe we carried out the BBA requirement to consult with physician organizations. There were extensive consultations with physicians, including the validation panels, the cross specialty panel, and the indirect cost symposium. During the course of each of these meetings, physicians and others pointed out serious problems with the bottom-up methodology. We have had two multispecialty meetings this year to explain our proposed methodology and have also had numerous meetings and discussions with many specialty societies. During all these meetings we carefully listened to all points of view and to suggestions for developing the new proposal. Following this lengthy consultation process, we published our new proposal with a 90-day comment period. This provided further opportunities for all interested groups to review and comment on this proposal.

It is true that the GAO did not recommend that we totally replace our bottom-up approach. It is our understanding that the GAO was not asked to review alternative methods. In any case, their report did not recommend against adopting a new methodology. Their report did point out



several significant weaknesses in our original approach that we believed were better responded to by adopting a top-down methodology.

*Comment:* One organization urged that we publish the practice-expense RVUs three ways, using a top-down, a bottom-up, and a hybrid approach that uses SMS data for indirect costs and CPEP data for direct costs. The bottom-up and hybrid approaches should reflect the recommendations previously received relating to scaling, linking, and the treatment of administrative costs. This could provide a basis for developing comments that compare the interim practice expense RVUs with those derived from a modified bottom-up approach. The commenter stated that we should be open to considering arguments for a change in the interim practice expense RVUs based on a group's determination that the values under the bottom-up approach were more accurate.

*Response:* We believe that we proposed the methodology for developing resource-based practice expense RVUs that best responds to the requirements of the Social Security Act Amendments of 1994 and BBA. From a practical standpoint, it would be very difficult to deal with the inconsistencies between RVUs for various services that have been derived from totally different methodologies.

#### *SMS Data*

*Comment:* Almost all specialty society commenters, and many individual commenters, raised questions concerning shortcomings in the SMS data, though several commented that SMS is the most appropriate data source to use in developing specialty-specific practice expense RVUs. As we noted in the proposed rule, the AMA itself pointed out that the survey had not been designed to support the development of practice expense RVUs. The AMA also stated that the sample size, the response rate, and the fact that data was collected on the physician level, rather than the practice level, raised methodological issues. Many commenters echoed these concerns, and many raised what they saw as further general methodological problems:

- MedPAC expressed concern about three types of potential errors in the SMS data: the sampling error and nonresponse error originally identified in our proposed rule and measurement error. Some of this measurement error could occur because the survey measures physician-level rather than practice-level costs, as noted above. In addition, there could be measurement error by using a self-reported survey if

no mechanism exists to verify the information provided.

MedPAC suggested that we could reduce these errors through additional data collection, perhaps implementing a subsample of SMS survey participants, through an analysis of nonresponse error that compares respondents with nonrespondents, through AMA's plans to do a practice-level survey every other year, and through considering methods, other than actual audits, to verify survey responses.

- Several of the smaller specialties, such as maxillofacial, pediatric, vascular and thoracic surgeons, cardiology and gynecology subspecialties, geriatricians, and pulmonologists expressed concern with the validity and reliability of SMS data for those specialty and subspecialty groups not adequately represented in the SMS survey. A commenter also stated that academic and hospital-based specialties, such as critical care and neonatology, were not appropriately represented. Many specialty societies requested that we consider practice expense data obtained by under-represented specialty and subspecialty groups.

- Several nonphysician specialties, though supporting the use of SMS data, raised the need to modify the survey to include nonphysicians in the future. A commenter stated that, because nonphysicians were not represented in the SMS survey, we have been forced to make an educated guess about which specialties they most resemble. Another commenter pointed out that the SMS data contains no information about osteopathic physicians.

- Several specialties, regardless of their overall sample size, expressed concerns about the combining together of subspecialties with differing practice costs. For example, organizations representing cardiologists commented that it is not known how many in their sample were providing evaluation and management services, as opposed to performing equipment intensive procedures that have much higher costs. Two specialty societies representing nuclear physicians, along with several hundred individual commenters, objected to the small sample of this subspecialty, with its high costs related to the use of radiopharmaceuticals, being combined with radiologists into a single practice expense pool. The comments recommended that we increase nuclear medicine's practice expense RVUs by 20 percent.

Similarly, a vascular surgery organization objected to being combined with cardiothoracic surgeons, who made up 75 percent of the sample and whose

practice style differs substantially from vascular surgeons. An organization representing pediatrics expressed concern that pediatric subspecialties were grouped together with their adult counterparts, such as gastroenterology. The AMA commented on this point that it plans refinements for future surveys to enhance the utility of the data.

- Several commenters noted that the survey consisted of physician-owned practices, despite the trend toward more physicians working as employees, resulting in a possible bias toward solo or small group practices. For example, one commenter stated that the majority of emergency room physicians now work as employees or under contract. Another commenter asserted that the majority of pediatricians list their status as "employed." The AMA commented, in this regard, that a key refinement to the SMS survey will be the development of a practice-level survey to complement the current process.

- One commenter questioned our assumption that physician respondents to SMS share practice expenses equally with all other physician owners in the practice, since there is no data to show that this is the prevalent method.

- An organization representing nurses commented that issues related to changes in acuity and case mix in ambulatory care are not being addressed, particularly as they pertain to the increased professionalization of clinical staff types. The organization argued that there is a need to incorporate into the survey process a clearer distinction between the types of clinical staff that are employed based on specialty practice.

- Concerns were raised by some commenters that the SMS data did not always include the actual costs of a given specialty. Several organizations representing radiologists, radiation oncologists, and cardiologists commented that the methodology employed by the SMS survey consistently underestimated the actual costs of equipment. Organizations representing emergency room physicians, supported by the comment from the AMA, argued that the significant costs of both stand-by time and uncompensated care are not reflected in the SMS data and that these costs need to be recognized.

A gastroenterology specialty society asserted that the SMS data grossly understated actual expenses when compared to its own study. Two commenters stated that costs for home visits, such as travel expenses and insurance, are not adequately represented in the data. One organization commented that the SMS



data fails to adequately incorporate resources, including billing, nursing time, and transportation costs for audiologists utilized in settings such as skilled nursing facilities.

One commenter stated that the added costs for compliance with federal initiatives, such as anti-fraud and abuse efforts and the new evaluation and management documentation guidelines, are not yet reflected in the SMS data. These costs should be recognized during the refinement process and included in future surveys.

- On the other hand, several commenters argued that costs were included in the SMS data that should be excluded because they are paid for separately from the physician fee schedule. One commenter pointed to separately reimbursable supplies and drugs, and another to the costs of taking physician staff into the hospital, as examples of costs included in SMS that could lead to a double payment by Medicare. A society representing vascular surgeons commented that the technical component of noninvasive vascular laboratory testing falls into this "gray zone."

- A national specialty society commented that the AMA analysis of the "zero" responses by specialty by cost categories (that is, those cost categories where respondents indicated there were no costs) shows that a significant percentage of pathologists' responses for direct cost categories are zero as compared to the "zero" response rates for all physicians. The comment requested that the SMS pathology data be cleared of all "zero" responses for all cost categories, not just for the total cost category, prior to the calculation of mean costs. For the purpose of calculating practice expense per hour for pathology, the society said, we should only use data from pathologists who incur a particular cost.

- There were a number of comments concerning the SMS data on the specialty-specific physician patient care hours, which is one of the variables used to compute the practice expense per hour for each specialty:

- Many specialty societies stated their concern that in the calculation of the specialty-specific practice expense per hour, specialties working the longest hours are disadvantaged. One commenter pointed out that practice expense is not uniformly distributed over the course of a given day; there are less costs when patient care takes place after, rather than during, office hours.

Another commenter argued that our approach assumes that all of the patient care hours in the SMS survey are reflected in our claims data. However,

the commenter stated, much time spent in patient care activities is not billable, such as the involvement of transplant surgeons in patient care after the initial assessments but prior to the actual transplants.

One specialty society stated that hospital-based physicians' hours of work are probably overstated, as they will include total time spent in the facility and not just hours of providing patient services. One commenter questioned both the accuracy of the SMS data on hours worked per week, as well as our assumption that the level of practice expense incurred increases proportionally with the hours spent in patient care. An organization stated that physician reports of number of hours are less reliable than the reports of costs and are prone to overstatement. For these reasons, five specialty societies recommended using a standardized work week, usually a 40-hour week, for all specialties.

- Many other specialty groups argued equally vehemently against any standardization of the patient care hours. One group commented that subjective adjustments to the SMS data, especially those which reallocate practice expenses among specialties, should be avoided. The comment added that suggestions that a standardized 40-hour work week be imposed on the data should be rejected because the proposal is driven by an arbitrary, subjective presumption that cross-specialty practice expense variations are "too large."

Another group argued that, as many physicians work more than a 40-hour week, such an adjustment would introduce additional error into the data and distort the relationship between different specialties' practice expenses per hour.

- Three organizations were concerned about the advantage given to specialties that use nonphysician practitioners who are not reimbursable. In such cases, the physician would incur practice expense costs, but the time of practitioners would not be included in the physician patient care hours in the denominator of the practice expense per hour calculation.

On the other hand, another commenter stated that we should not adjust the SMS data for midlevel practitioners, such as optometrists or audiologists, as physician practices employing midlevel practitioners are likely to be more complex than a physician-only operation.

- One specialty society commented that the demographics of the SMS survey are not clear, as there are no assurances that the sample is not biased

towards one particular area of the country and does not exclude some areas.

*Response:* We believe that most of the above comments identified important areas for needed future improvement in our data collection efforts on aggregate specialty-specific practice expense. However, although the SMS survey was not initially intended to be used to develop practice expense RVUs, we believe it is the best available source of data on actual multispecialty practice costs that allows us to recognize all staff, equipment, supplies, and expenses, not just those that can be tied to specific procedures. Many specialties supported this.

For example, a specialty society commented, "As with any complex database, the AMA SMS database is not perfect. It is, however, the best available source of data for aggregate practice expenses." The Medical Group Management Association (MGMA) stated in its comment that, "The SMS survey data is the most appropriate and only primary data set in existence to determine specialty specific costs pools."

We also need to point out that many of the weaknesses in the SMS data could well be found in any other survey, whether undertaken by us, some other national group, or a medical specialty society. Problems with sample size and response rate have plagued other previous attempts to gather reliable data on practice expenses. Problems with measurement error may be a serious impediment for survey data that is collected with the purpose of influencing the level of a given specialty's practice expense pool. In fact, we believe one advantage of the current SMS data is that they were collected before the 1997 and 1998 proposed rules were published.

We recognize that some specialties are under-represented or not appropriately represented in the SMS data and some are not included at all. We also acknowledge that additional data may need to be obtained and some adjustments made. One of our most important tasks during the immediate refinement period will be to work with the AMA and the medical community to consider possible ways to improve the representativeness of the aggregate specialty-specific data so that sampling error is decreased. As part of the refinement, we will also need to develop strategies to eliminate as many sources of nonresponse and measurement error as possible. (For further information on our refinement efforts to improve the accuracy of our



data, see Section II.A.4, Refinement of Practice Expense RVUs.)

As indicated earlier, we believe an advantage of the SMS data we used is that it was collected prior to the proposed rule. In fact, it was collected prior to the original proposal in 1997 that was delayed by BBA and that would have resulted in large redistributions among specialties.

We are very concerned, though, about the potential biases that may exist in any subsequent survey data collected by the SMS process or other surveys. We especially believe there is a problem in using data collected and submitted to us by individual specialties. We believe it is more appropriate to use data collected at the same time by an independent surveyor for a wide variety of specialties that both gain and lose under the proposal.

Further, now that it is widely known how these survey data are being used, every specialty has an incentive to ensure that their data are as high as possible in future surveys. We agree with MedPAC that it may not be possible for Medicare to audit these data and that it is essential that alternatives be established by SMS and others. Perhaps specialty data that significantly changes in a future survey should be selectively audited by SMS through an independent auditor or other appropriate entity before being considered for use by us. We will consult with physician groups and others about this during the refinement process.

*Comment:* One national organization suggested the use of MGMA survey data either as a supplement or alternative to SMS in the future.

*Response:* We do not believe that the MGMA survey could currently be used as an alternative to SMS. As we noted in our proposed rule, due to selective sampling and low response rate, this survey is not representative of the population of physicians and cannot be used to derive code-specific RVUs. This view is based on consultations with MGMA representatives. However, we do believe that this survey data can be used as one way to validate the general accuracy of the SMS data. We have analyzed the MGMA data and have concluded that, in general, it supports the relative specialty-specific ranking of the practice expense per hour data derived from the SMS survey.

*Comment:* One specialty society recommended using median, instead of mean, values to calculate each specialty's practice expense per hour. This comment argued that the use of medians would eliminate outliers and is statistically more appropriate.

However, three other organizations specifically commented supporting our decision to use mean SMS data rather than median data. These comments asserted that, particularly with a small sample, use of the median would obscure any major differences in practice costs within a specialty.

*Response:* We will continue to calculate the practice expenses per hour by using the mean values for each specialty, at least for the purposes of this final rule. This is another issue that can be revisited during the refinement period.

*Comment:* Organizations representing emergency room physicians, as well as several hundred individual commenters, claimed that the SMS data seriously under-represented the true practice costs of emergency care. The commenters stated that the SMS data, as noted above, did not include costs of uncompensated care, much of it mandated under the Federal Emergency Medical Treatment and Active Labor Act (Public Law 99-272), nor stand-by expenses.

In addition, the comments argued, the SMS data failed to capture a representative cross-section of their types of practice arrangements; the SMS survey focused on physician owners, but the majority of emergency room physicians work as employees or under contract. Therefore, one commenter asserted, SMS did not include the largest single expense for most emergency physicians: the costs associated with employment by practice management firms, which can total between 30-40 percent of the physician's fee.

One of the specialty societies included with its comments the results of a study it commissioned, which showed that the mean practice expense per hour for emergency physicians was \$27.33, more than double the \$13 per hour based on SMS, even without including uncompensated care. If we are not willing at this time to substitute this survey data for that from the SMS, the organization recommended, with support from a comment from the AMA, that we crosswalk emergency medicine to the practice expense per hour for "All Physicians," which is \$67.50.

*Response:* Though many specialties must deal with the issue of uncompensated care, we do agree that it may pose a particular problem for emergency physicians, who are obligated under law to treat any patient regardless of the patient's ability or willingness to pay for treatment. Therefore, the amount of patient care hours spent on uncompensated care could be significantly higher for

emergency medicine than for any other specialty. These issues require further examination. In the meantime, we will make an adjustment in our calculation of the practice expense per hour for emergency medicine by using the "All Physicians" practice expense per hour to calculate the administrative labor and other expenses cost pool. We will continue to calculate the clinical labor, supply, equipment, and office cost pools using the SMS-derived data, as it seems unlikely that, as a hospital-based specialty, emergency medicine's costs for these categories would approximate those of the average physician.

*Comment:* Many commenters argued that the reductions published in the June 5, 1998, NPRM for services without work RVUs were inappropriate. The commenters represented a wide spectrum of specialties including radiology, radiation oncology, cardiology, independent physiological and other laboratories, psychology, audiology, dermatology, and others. These comments focused on the fact that AMA does not survey some of the entities that provide these services. They argued that the CPEP data are flawed and the indirect allocation methodology is biased.

*Response:* Although it is true that the AMA does not survey the entities that provide some of these services, this does not necessarily mean that these services are inadequately represented in the SMS data. If these services (or in the case of technical component services, the associated global services) are provided in the practices of physician owners surveyed by the SMS in the same proportion as they are reflected in our claims data, the practice expense per hour calculations and the practice expense pools are reasonable.

If the CPEP data accurately contain the direct cost inputs for these services, then the direct practice expense pool is being allocated appropriately. With regard to the indirect allocation methodology, we are modifying it to increase the weight of the direct costs in the allocation, as discussed elsewhere.

However, the possibility exists that inaccuracies in the CPEP data for these services are causing the substantial reductions seen in the NPRM.

Therefore, because we are not altering the CPEP at this time, as an interim solution until the CPEP data for these services have been validated, we have created a practice expense pool for all services without work RVUs regardless of the specialty that provides them. We allocated this practice expense pool to procedure codes using the current practice expense relative value units.



While we are not convinced by the comments that were received to date regarding a bias in the SMS survey data against these services, we acknowledge those concerns and will examine this issue during the refinement process.

*Comment:* The College of American Pathologists (CAP) requested that patient care time included in the SMS data that is spent in autopsies and supervision of technicians and paraprofessionals be excluded from the patient care hours used to calculate the practice expense per hour for pathology services. The commenter stated that these are Part A services for which pathologists rarely incur any direct costs. The AMA supported these adjustments and estimated the percentage of total pathology patient care hours attributable to autopsy and supervision services at 6 and 15 percent, respectively.

CAP also asked that some portion of the patient care hours category of "personally performing nonsurgical laboratory procedures including reports" be eliminated for 1999 when determining pathologists' total patient care hours, as the SMS data includes both Part A and Part B services. CAP stated that we should work with the CAP and the AMA to determine the appropriate adjustment.

*Response:* Since pathologists have more Part A reimbursement than any other specialty, we will decrease the number of patient care hours by 6 percent for autopsies and 15 percent for supervision services. However, until we have more information about the appropriate adjustment for "personally performing non-surgical laboratory procedures including reports," the hours for those services cannot be eliminated from our calculations. This point, as well as the general issue of nonbillable hours, should be revisited during refinement.

*Comment:* Many specialty societies have commented on specific problems with the SMS data that affect their own specialty and have requested that we supplement or replace the SMS data with data provided with their comments.

*Response:* There is not sufficient time before publication of the final rule to begin to validate either the methodology or findings of the submitted data. Since changes in any specialty's practice expense per hour would have an impact on other specialties, we do not believe it would be equitable to make any sweeping changes without the adequate review that the refinement process can achieve. In addition, we stated in our proposed rule that, for those larger specialties included in the SMS survey,

"we are unlikely to make any changes in the final rule\*\*\*\*" Therefore, we will continue to use the SMS-derived practice expense per hour for these specialties, but will ensure that all of the submitted data will be considered during the refinement process.

#### CPEP Data

*Comment:* Though one major specialty society commented that the CPEP data, in general, is relatively sound, many comments pointed out problems with the CPEP process and with the data derived from that process:

- One group commented that the CPEPs did not have adequate representation from practice managers; that there was no uniform policy dealing with issues such as duplication of time or efficiencies that might result from performing more than one task at a time; and that there was inadequate time allotted for CPEPs to meet.
- Several subspecialties pointed out that they were not included in the CPEP process and that this could have led to the undervaluing of their services.
- Several commenters recommended that we use the CPEP data as validated and refined by the validation panels.
- One organization commented that the CPEP data are flawed since only 200 codes were reviewed by validation panels.
- One primary care group argued that we should not abandon edits and modifications to raw CPEP data, as many codes are performed by more than one specialty, and inaccuracies in the CPEP data can affect several specialties.
- Two organizations commented that the CPEPs used what is now obsolete salary and benefits data, at least for sonographers and vascular technologists. One of these comments pointed out that for some codes, a different cost was computed for the same equipment. Another specialty society recommended that a review of prices and quantities for supplies and equipment be included as part of the refinement process.
- Two commenters were concerned that the CPEP data include expenses that can be billed separately. A primary care specialty society argued that we should edit out all direct inputs for services to hospital patients. The comment mentioned that since these services are paid for outside of the practice expense RVUs, failure to exclude these inputs can distort relativity across categories of services such as surgical services and office visits.
- One commenter clarified that the costs of therapy aides are a part of practice expense and should be

reflected in the CPEP data, while the services of therapy assistants are included in the work RVUs.

*Response:* We are aware that the raw CPEP data we have used in our proposed methodology need further review. We also share many of the concerns raised by those commenting on the issue. However, we believe that the CPEP resource estimates, which were developed by practitioners representing all the major specialties, are the best procedure level data available at this time.

Under our top-down methodology, the CPEP inputs are used solely to allocate each specialty's practice expense pool to the procedures performed by that specialty. We have always believed that the relative input estimates within families of codes for each specialty's CPEP data were generally appropriate. In addition, the most contentious CPEP values were the varying estimates for the administrative staff times, and these values are not utilized in our top-down approach.

We chose not to apply the edits, caps, or linking that had originally been proposed in our 1997 proposed rule as part of our bottom-up methodology. These edits had met with severe criticism from the medical community and were questioned by the GAO. We also did not use the revised inputs from the validation panels we held in October 1997, as these panels only came to consensus on about 200 codes, and we were not convinced that all of the revised values were correct. However, we know that there is much needed improvement in the CPEP data, and the identification and correction of any CPEP errors whether in staff times, supplies, equipment, or pricing will be a major focus of our refinement process.

*Comment:* One specialty society commented that we erred in not incorporating increases in staff time recommended by validation panels. Partly as a result, the practice expense RVUs for gastroenterologists' out-of-office billing, scheduling, and record keeping are inadequate.

Another commenter stated that there were discrepancies in the administrative data for skilled nursing facility services, with subsequent visit codes being assigned only half of the billing time of initial visits. A third commenter requested that we standardize the administrative staff types according to the validation panels' recommendations. Three commenters stated that we do not account for the costs of maintaining an office full-time when the physician is providing services out of the office.



*Response:* As stated above, under our proposed methodology, CPEP administrative staff times have no effect on the practice expense RVUs calculated for any code. The costs of maintaining an office while the physician is providing services in a facility should be captured in the SMS cost data and, thus, are a part of each specialty's practice expense pool. As these would be indirect costs, they would be included in the practice expense for each service by use of our allocation methodology, which utilizes both direct costs and the physician work RVUs.

*Comment:* Almost 30 specialty societies submitted specific CPT code-level changes for the CPEP input data for clinical and administrative labor time, supplies, and equipment for just under 3000 CPT codes. In addition, many commenters included lists of codes with practice expense RVUs that were considered anomalous, either within a code family, or in relation to comparable codes. We also received comments from several organizations with recommendations for revised crosswalks for those codes not valued by the CPEPs, as well as recommended in-office inputs for some codes that are now being done in the office, but were only given practice expense RVUs for the facility setting.

*Response:* We had intended to make the CPEP revisions requested by a given specialty as part of the final rule if the recommendations appeared reasonable and if there would be no significant impact on any other specialty. However, given the huge volume of recommended revisions—over a third of the codes in the fee schedule would be affected—acceptance of the recommended changes across the board would almost certainly have a spill-over impact on many subspecialties and between sites-of-service.

We believe it would be more responsible and fair to allow the medical specialties to participate collectively in the needed revisions as part of the refinement process. The deferral of the CPEP revisions is in no way a reflection on the effort and thought that the commenters obviously expended in arriving at their recommendations. All the code-specific comments referred to above will be considered at the start of the refinement period. (See Section II.A.4, Refinement of Practice Expense RVUs)

*Comment:* Many organizations, representing both surgical and primary care specialties, expressed concern that we averaged CPEP data for the same procedures valued by more than one

CPEP. Different rationales were offered for this concern:

- Averaging could have disturbed the relative rankings of codes within CPEPs.
- Straight averaging significantly overstated the costs of evaluation and management services.
- Averaging CPEP costs altered practice expense relationships within the evaluation and management family of services, particularly with respect to emergency department evaluation and management codes.
- The inclusion of estimates from those not performing the procedures, including nonphysicians, could have distorted the values for those services.

Likewise, different solutions were offered to answer the concerns:

- One specialty society recommended that we link the CPEP data rather than relying on straight averages.
- Two organizations recommended using frequency-weighted averages.
- Five groups recommended that the CPEP costs for redundant codes be based on the inputs from the dominant specialty's CPEP panel.

*Response:* As we are making no other changes in the CPEP data for this final rule, we will continue to use straight averaging for the redundant CPEP codes for the purposes of this final rule. This issue will be considered further during refinement.

*Comment:* Two commenters requested the inclusion in practice expense of the procedure-related supplies which are brought into a skilled nursing facility (SNF). One of these commenters made the same request for home visits.

*Response:* Home visits are to be paid using the non-facility RVUs. Therefore, any supplies that would be used are already included in the payment. As for the SNF setting, this is an issue for refinement. We would need more information about the supplies and why the SNF is not responsible for providing them.

*Comment:* The American College of Surgeons sent a list of new crosswalked codes where CPEP data had inadvertently been duplicated in our database.

*Response:* We thank the commenter for pointing out this discrepancy, and these duplications have been deleted.

#### Physician Time

*Comment:* One major specialty society recommended that efforts be undertaken to move toward greater consistency in physician time data. The commenter was concerned that since these data are derived from eight different sources using different methodologies, our inflation of the Harvard time data raises even more concern about consistency.

Three major organizations, two representing primary care and the other a surgical specialty, recommended that we use the unadjusted Harvard and RUC survey data. One reason given was the implication for the work RVUs of any proposed revisions to the time data. The RUC commented that, while the RUC physician time data may be greater than Harvard time data for the same codes, it may be incorrect to assume that all Harvard time data should be increased. The RUC and several other organizations requested that we provide a description of the methodology we used to make adjustments to the data in both the RUC and Harvard physician time databases so they can comment on the validity of the changes.

*Response:* The physician time data used for the development of the practice expense pools are based on the Harvard resource-based RVUs study and RUC survey data that were developed as part of the refinement of the work RVUs. Both sets of data were based on physician surveys. However, the RUC data, gathered in the process of refining the work values of many CPT codes, are more current and, on average, exceeded the original Harvard values by 25 percent. As a matter of consistency and fairness to those services not yet refined by the RUC, we increased the Harvard time data in proportion to the increases for related services. A detailed description of the methodology we employed to make all adjustments in physician time will be placed on the HCFA Homepage.

We still believe this adjustment is appropriate and we will continue to use the adjusted values in our calculations for this final rule. However, as the time values attributed to each procedure play an important role in the determination of each specialty's practice expense pool, we believe that ensuring the increased accuracy and consistency of physician time data should be addressed as part of the refinement of the practice expense RVUs.

*Comment:* Three surgical specialty societies commented that evaluation and management times have been artificially inflated due to rounding. A small increase in time would disproportionately inflate high volume procedures that take little time.

*Response:* In our proposed rule, we expressed concern that imprecision in the time estimates for any high volume services that have relatively little time associated with them may potentially bias the practice expense methodology in favor of the specialties that perform these services. We stated at that time that this issue should be examined as



part of the refinement of the resource-based practice expense RVUs.

*Comment:* There were several other comments regarding the accuracy of the physician time data:

- The RUC acknowledged that some of the RUC physician time data may not be absolutely precise.

- One specialty society, as well as the AMA, pointed out that there are some problems with the accuracy of the physician time data for psychotherapy services. For example, the times assigned to psychotherapy codes that include evaluation and management services are equal to and, in some cases, less than the psychotherapy codes that do not include these services.

- One commenter stated that the physician time data, as computed in the Harvard studies, are not current and are likely to be inappropriate for use in computing practice expense RVUs.

- The American College of Surgeons commented that physician time for pediatric surgery codes is based on erroneously low physician time data from the original Harvard study, rather than the time data from the special study of pediatric services performed by the same Harvard study team for the American Pediatric Surgical Association in 1992. The latter data were used as the basis for the work RVUs assigned to 48 pediatric surgical services.

- A surgical specialty society commented that the physician time does not compensate its members for longer hours and cited examples of nonbillable time, such as standby time for cardiac catheterization and supervision of residents and interns. The society suggested that this be considered during refinement.

- One commenter stated that travel time for home visits is not included in either the work or practice expense RVUs. The commenter suggested that travel time for house calls should be equal to the work equivalent of the lowest office service times 3, for an average of 15 minutes. Further, a modifier should be used to cover instances where travel exceeds the average.

- The American Society of Transplant Surgeons identified physician times for several services that it believes are inaccurate and recommended adjusted times for these services.

*Response:* As stated above, we will ensure that all identified anomalies and inaccuracies in the physician time data are considered as part of the refinement process.

*Comment:* The American College of Radiology commented that for our top-down approach we had used a level three office visit (99213) as a benchmark

for estimating physician time for radiology codes. They suggested that it would be more appropriate to use the intravenous pyelography procedure (CPT 74400) instead of the office visit used in our methodology.

*Response:* Although we agree that 99213 may be an inappropriate benchmark since it is not often performed by radiologists, we are not convinced that the average work per unit time of codes on the radiology fee schedule is equivalent to CPT 74400. Instead, we are using the weighted average work per unit time for CPT 71010 and 71020 as the benchmark. These two services represent over approximately one-third of the total allowed services in the radiology fee schedule, while CPT 74400 represents less than two-tenths of one percent. We will work with the medical community to develop time estimates for radiology procedures that will make the imputation of time from the work estimates unnecessary.

*Comments:* The American Occupational Therapy Association commented that the practice expense pool for occupational therapy codes was understated because the time values of 15 minutes that we arbitrarily assigned were too low. They included a list of time values we should use for each code.

The American Hospital Association also objected to the reductions in times for outpatient rehabilitation codes and urged the use of the actual surveyed times for all procedure codes in the range 97001 through 97770.

*Response:* We believe that the time of 15 minutes we assigned to these codes is appropriate and does not lead to an underestimation of the practice expense pool for outpatient rehabilitation services. The outpatient rehabilitation codes in this range are timed codes and are billed in 15 minute increments. Also, we have been told by some physical therapy associations that at times, some of the 15 minute period time may be performed by therapy aides or assistants. (Note: We plan to review this issue during a future five-year review of work RVUs.) Finally, it is common for these timed codes to be billed in multiple units during one therapy session. Thus, any therapist's work prior to or after the visit is spread across more than one unit, rather than applied to each unit.

#### Crosswalk Issues

*Comment:* The American Academy of Maxillofacial Prosthetics (AAMP) and the American College of Prosthodontists commented that crosswalking is not valid for maxillofacial prosthetic codes

since this specialty does not correspond to any other medical specialty included in the SMS data and its practice expense values are much higher than other medical specialties in the SMS survey. AAMP submitted several studies from its own organization and from the American Dental Association, as well as two studies published in professional journals that report the results of polls of prosthodontic practitioners, including information on overhead expenses. The AAMP recommended that this data be used to calculate its practice expense per hour.

*Response:* We agree that maxillofacial prosthetics does not correspond closely with any other medical specialty. It also is not a separately-identified specialty in either the SMS survey or the Medicare claims database.

Though the AAMP submitted survey data compiled by both its own organization and the American Dental Association, the format, definitions, and methodology of these surveys were not consistent with those of the SMS survey. For example, the 1993 AAMP survey did not survey practice expense, but rather the "percent overhead of gross collections for 1992." The American Dental Association surveys counted dentist shareholder and employee dentist income as practice expense in many tabulations.

Because of these methodological differences from the SMS data, we are not able at this time to use the information in the submitted surveys to calculate a comparable practice expense per hour for maxillofacial prosthetics.

For this final rule we will create a practice expense pool for the maxillofacial prosthetic codes (CPT 21076 through 21087) and crosswalk this pool to the practice expense per hour for "All Physicians." We had imputed physician times for these services in our proposed rule. However, we are now using the physician times utilized in calculating the work RVUs for the same services. In addition, until the CPEP data for these codes can be validated, we will allocate the practice expense pool to the specific services using the current RVUs. We hope to work with the specialty society as part of the refinement process in order to develop a reliable method of deriving accurate practice expense RVUs for maxillofacial prosthetics.

*Comment:* The American Optometric Association (AOA) disagreed with our crosswalk of optometry to the average practice expense per hour for "All Physicians," that results in a practice expense per hour of \$67.50. The commenter stated that AOA understands that the crosswalk decision



was based, at least in part, on the 1997 survey conducted by AOA which had been provided to us. This survey has been conducted regularly since 1990 and was included with the comment, along with a study commissioned by the AOA entitled "Results of the First National Census of Optometrists." Using data from this survey and study, AOA computed an \$89.53 practice expense per hour for optometry, significantly higher than the average for "All Physicians."

*Response:* As in the above request, the data submitted by AOA are not easily comparable to the SMS data. For example, the AOA calculation used medians rather than means, and retirement and fringe benefits were not counted as median net income, but rather as practice expense. It is therefore not possible, without further information, consultation, and analysis, for us to calculate a practice expense per hour that would be comparable with that of other specialties. During the refinement period we will be working with specialties not represented in the SMS survey to identify the data needed to enable us to determine accurate practice expense RVUs for their services.

*Comment:* Although generally supporting the crosswalk to General Internal Medicine, the American Chiropractic Association (ACA) submitted data from the 1997 survey results of ACA's biannual survey of the chiropractic profession. This survey shows considerably lower direct patient care hours than SMS shows for General Internists. Therefore, the ACA requested that we use its data to calculate the practice expense per hour for Doctors of Chiropractic, stating that we should accept specialty societies' data over SMS data if they were collected in a comparable manner.

*Response:* The survey submitted by the commenter indicated that the patient care hours worked by chiropractors are significantly lower than those of general internists to whom chiropractors' practice expense per hour is crosswalked. However, the hours of direct patient care a week shown in the survey were defined more narrowly than in the SMS data. For example, the 29 hours of patient care a week calculated in the submitted survey did not include the hours spent for documentation, administration, and billing, activities that we have considered to be included in the direct patient care hours for other specialties. In addition, there are insufficient details in the survey for us to determine its comparability to the SMS data and we will maintain the crosswalk for

chiropractors for this final rule. We do intend, however, to revisit this issue during the refinement process.

*Comment:* The American Podiatric Medical Association, Inc. (APMA) objected to its crosswalk to general surgery because it believes that there is little similarity between the two specialties based on site-of-service and types of services provided. General surgery services are typically performed in the facility setting, while the high volume podiatry services are almost entirely done in the office. In addition, the comment stated that podiatrists work fewer hours than general surgeons.

The comment also included the results from APMA's 1996 and 1998 surveys of podiatric practice, as well as copies of the surveys themselves. According to the comment, these surveys show that the actual practice expense per hour for podiatry is \$91.50 and APMA recommends that we use this data in place of our proposed crosswalk.

The American Academy of Orthopaedic Surgeons also disagreed with the crosswalk for podiatry, but recommended that podiatry be crosswalked to orthopaedic surgery in the short run, as 70 percent of the codes billed by podiatrists are those that are shared with orthopaedic surgery.

*Response:* Because of significant methodological differences between the submitted surveys and the SMS data (for example, only gross and net incomes are surveyed) we are not able at this time to calculate a practice expense per hour in total, let alone for each of the different cost pools.

However, we are persuaded that the crosswalk to general surgery is not appropriate for the reasons cited in the comment, and we are changing the crosswalk to "All Physicians." We will be working with all specialties not represented in the SMS data to ensure that we obtain comparable information to calculate their practice expenses per hour.

*Comment:* The Joint Council of Allergy, Asthma, and Immunology stated that, in calculating the allergists' practice expense per hour, we reduced the supply category practice expense per hour to that of "All Physicians," because we believed that we made a separate payment for the drugs used. However, this is not true for immunotherapy drugs provided by allergists, as the cost of these drugs is included in the practice expense RVUs. Therefore an adjustment needs to be made.

*Response:* The commenter is correct and the adjustment has been made to

the medical supplies practice expense per hour.

*Comment:* The American Society of Clinical Oncology commented that since the SMS supply cost data for chemotherapy codes included the costs of expensive chemotherapy drugs, which are paid for separately, we used the lower supply costs for "All Physicians" for their supply cost pool. The commenter argued that this fails to recognize that, in addition to the cost of the drugs, chemotherapy administration has extra supply costs in excess of that for "All Physicians." Also, although chemotherapy drugs are generally among the costliest drugs, the cost of drugs was probably included in other specialties' supply costs as well, and all specialties should be treated in the same manner.

The Association of Community Cancer Centers, the Society of Gynecologic Oncologists, and the American Society of Hematology also disagreed with our adjustment for drug costs, as did the AMA, which called our method of correcting for the double counting of drugs inequitable and imprecise. The American Society of Hematology recommended increasing the supply per hour costs to 125 percent of the "All Physicians" level.

*Response:* It is true that other specialties may have some drug costs included in their SMS supply cost data, but we believe that the total costs for chemotherapy drugs are far greater than are the drug costs included for any other specialty. Failure to make an adjustment for these high drug costs would lead to a gross distortion in the supply cost pool for oncology.

We also are not convinced that the other supply costs for oncologists would necessarily exceed that of "All Physicians," and we will continue to crosswalk oncology's supply costs to that category's practice expense per hour. We do agree that during refinement we need to consider development of a methodology for removing separately billable supplies and services from the SMS data so that the Medicare program avoids making duplicate payments. We also will work with the oncology specialty to ensure that their practice expense per hour for the supply category adequately reflects the actual costs of other oncology supplies.

*Comment:* The American Association of Oral and Maxillofacial Surgeons objected to the crosswalk of oral surgery and maxillofacial surgery to the practice expense per hour of "All Physicians." They recommended a crosswalk to either otolaryngology or plastic surgery, as most of the medical procedures billed



by oral and maxillofacial surgeons can be crosswalked to these two specialties. The commenter argued that because of their significantly higher practice expenses, oral and maxillofacial surgery should not be in the same practice expense pool as manipulative therapists and optometrists, as this dilutes the practice expenses for these surgical services. In addition, the 1996 Harvard Study grouped oral and maxillofacial surgery under otolaryngology and plastic surgery.

*Response:* We do not currently have sufficient data to make such a change in our crosswalk. This is an issue that can be addressed during the refinement period.

*Comment:* The American College of Cardiology and the American Society of Echocardiography disagreed with the crosswalk of Independent Physiologic Laboratories (IPLs) to "All Physicians." The comment recommended that IPLs' practice expense per hour be crosswalked to cardiologists, as 60 percent of IPL billings are in the 93000 series and for the 13 highest volume IPL codes, cardiologists account for 40 percent of claims. The Society of Vascular Technology/Society of Diagnostic Medical Sonographers also expressed concern that our crosswalk of IPLs did not adequately recognize their costs and recommended that we use the figure of \$176 per hour based on the studies cited in the comment.

*Response:* As discussed above, we will be creating a separate practice expense pool for all services without physician work, which will include those technical component services done by IPLs and by cardiologists.

*Comment:* The Society of Gynecologic Oncologists requested that we consider using multiple crosswalks to determine practice expense per hour for specialties that provide interdisciplinary care. The comment stated that the true reflection of practice expense per hour for a gynecologic oncologist is a hybrid of the practice expense per hour for the specialties of obstetrics and gynecology and oncology.

*Response:* It is not clear whether this is desirable or what data would be used to weight such a split between more than one specialty. Many physicians belong to more than one specialty or subspecialty. This is another issue that can be discussed during the refinement period.

*Comment:* The American Geriatrics Society disagreed with our crosswalk of geriatrics to the General Internal Medicine practice expense per hour. The comment stated that geriatricians typically have higher costs than internists because of the need for more

office space and more health care professionals on staff. Since many geriatricians are family physicians, geriatrics should be cross-walked to family practice.

*Response:* We believe that geriatricians are typically more like internists than family practitioners, so for the final rule we will not change the crosswalk. However, we are open to receiving data that would demonstrate that a crosswalk to family practice would be more appropriate.

However, we would note that geriatrics is a relatively small specialty and the services performed by them are frequently done by other specialties. Thus, changes in the practice expense per hour data for geriatricians would not likely have a significant impact on the RVUs for services they perform.

*Comment:* One commenter made recommendations for revisions or additions to our proposed crosswalks for several nursing subspecialties. Another specialty society commented that under the physician fee schedule we have chosen to pay nonphysician practitioners a percentage of the physician reimbursement, and crosswalking to specialties with higher practice expense per hour rates than general internal medicine or general surgery is not logical or reasonable. Another organization also recommended that data from nurse practitioners and physician assistants be excluded from the practice expense pool calculations.

*Response:* We will further consider appropriate crosswalks for nursing subspecialties during the refinement period.

*Comment:* The American Hospital Association and the American Occupational Therapy Association recommended that we crosswalk all of the practice expense pools for outpatient rehabilitation services to the "All Physicians" practice expense category, rather than using the salary equivalency guidelines for the administrative, office, and other pool.

*Response:* We believe that using the "All Physicians" practice expense per hour for the administrative, office, and other pool would considerably overstate the actual practice expense for occupational therapy. We have carefully examined outpatient therapy practice costs for the development of the salary equivalency guidelines, and believe that these better approximate the actual expenses for this cost pool. We will continue to use the salary equivalency guidelines to calculate this portion of the practice expense pool for occupational therapy for this final rule.

*Comment:* The American Speech-Language Hearing Association commented that it is not appropriate to use the practice expense per hour data from physicians that perform audiology tests and it submitted a 1993 survey, "Audiology Services—Scale of Relative Work," as part of its comments.

*Response:* As we stated above, we are creating a single practice expense pool for all services, such as audiology, that have no work RVUs. This practice expense pool, created by using the average clinical staff time per procedure from the CPEP data and the "All Physicians" practice expense per hour, raises practice expense RVUs for audiology services relative to those previously proposed. However, during the refinement process we will be considering all data submitted on any of these services, including the study submitted with the above comment.

#### *Calculation of Practice Expense Pools—Other Issues*

*Comment:* Several organizations commented on potential problems with the Medicare claims data, which are used as one component of the specialty-specific practice expense pool calculation.

- Many commenters were concerned about reliance on Medicare claims data to determine the size of each specialty's practice expense pool. The comments claimed that to the extent that the Medicare population is not representative of the general population, there is a bias against specialties whose patient population does not match Medicare's. Several organizations, representing the gamut of medical specialties, urged us to work during the refinement period with organizations for whom we have no, or inadequate, historical claims utilization information and to acquire nationally representative claims data that include Medicare, Medicaid, and private payer data.

One of these commenters recommended that, if this is not feasible, we should conduct sensitivity analyses to explore the influence Medicare service utilization patterns may have on private payers. The specialty-specific utilization data are crucial for the final step of volume-weighted averaging that brings the individual specialty scales onto one scale, particularly when involving services performed very frequently by specialties that see relatively few Medicare patients.

For example, the comment argued, to the extent that the cost estimates for evaluation and management (E&M) services provided by obstetricians and gynecologists and pediatricians differ



significantly from those of specialties that account for the bulk of E&M services provided to Medicare patients, the use of an all-payer claims database would probably yield different RVUs for E&M services.

- Several surgical specialties urged that we clean the Medicare claims data to eliminate obvious errors, such as data showing a sometimes significant number of nonsurgeons or physician assistants performing complex surgeries that can only be performed by surgical specialties. This misreporting can decrease a specialty's practice expense pool and should either be reassigned or excluded during refinement.

One of the commenters recommended that Medicare claims data be reviewed for the existence of a second listed surgical specialty identifier. In addition, physician assistants' claims should use the -AS modifier, and calculations should use only the time that is assigned to the intraoperative period.

- Three specialty organizations commented that many physicians' self-designated specialties are incorrectly classified in our claims data. For example, many cardiologists and geriatricians may bill as internists, which may affect the respective practice expense pools. Until these data become more accurate, one of the commenters recommended that the specialty practice expense pools be recalculated on an annual basis.

- An organization representing transplant surgeons commented that, as transplant surgery is not a designated specialty in the Medicare claims database, many transplant surgeons designate themselves as general surgeons, who have the lowest practice expense per hour of any surgical specialty. The comment argued that this has led to a significant underestimation of the costs associated with transplant surgery.

*Response:* We would be interested in receiving any reliable national utilization data on the procedure code level though, to date, we are not aware of the existence of such a data source. We plan during the refinement period to work with the medical community in order to pinpoint problems in the Medicare claims data, to develop strategies to improve their accuracy, and, if possible, to find reliable supplemental data for those specialties not appropriately represented in the Medicare database.

*Comment:* One organization commented that the Medicare frequency numbers for occupational therapy codes will be understated because BBA requires that all outpatient therapy services be paid under the Medicare

Physician Fee Schedule beginning January 1, 1999.

*Response:* We disagree. We have not included estimates for frequencies of expected services of outpatient therapy services in computing the practice expense RVUs. BBA specified that we pay for these services using the physician fee schedule. BBA did not incorporate these services into the fee schedule.

*Comment:* Many organizations representing radiation oncology, as well as numerous individual commenters, argued that we erroneously combined the SMS radiation oncology survey data with that of radiology. The commenters argued that these two specialties should be dealt with separately, as radiation oncology utilizes different codes and has considerably higher costs than radiology.

*Response:* We had combined radiation oncology and radiology together into one practice expense pool because of the small sample of radiation oncologists in the SMS data. However, we now agree with the commenters that these are two different specialties with differing practice costs. Therefore, we have separated them into two separate practice expense cost pools in order to calculate the practice expense per hour for each of the specialties. For radiology, excluding radiation oncology, the total practice expense per hour is \$55.90. This is comprised of \$17.90 for nonphysician payroll per hour (\$9.70 for clerical payroll), \$12.80 for office expense, \$4.50 for supply expenses, \$7.70 for equipment expense, and \$12.90 for other expenses. For radiation oncology, the total practice expense per hour is \$68.30. This is comprised of \$23.70 for nonphysician payroll per hour (\$9.20 for clerical payroll), \$11.30 for office expense, \$6.20 for supplies expense, \$11.00 for equipment expense, and \$16.20 for other expenses.

#### *Allocation of Practice Expense Pools to Codes*

*Comment:* Several organizations commented on our use of work RVUs as part of the allocation formula for indirect practice expense costs:

- A primary care specialty group stated that we should not allocate the indirect practice expenses using the work RVUs, since there is no reason to believe that the costs of providing the service, such as the cost of utilities, would vary by the intensity, where the costs would vary by time. We should, therefore, use time rather than work in our indirect allocation.

Another primary care organization commented that using work as one allocator for indirect expenses

inappropriately gives surgical procedures with higher work RVUs substantially higher administrative costs for billing activities than is given to evaluation and management services. We should develop a standardized method to address administrative staff costs.

- Five other organizations argued that allocating indirect costs based on a combination of direct costs and physician work RVUs is inappropriate and treats unfairly chemotherapy and radiation oncology services as well as other technical component services, since they typically are assigned no work RVUs. Various recommendations were made by these commenters to rectify what they see as discrimination against these technical component services:

- + Indirect costs should be based on direct costs.

- + Physician time or clinical staff time should be used instead of work.

- + We could allocate 50 percent of the indirect costs based on direct costs and 50 percent based on physician work or time.

- + As an alternative for chemotherapy services, work could be imputed by using the work to time ratio for other hematology or evaluation and management services.

One commenter recommended that we vary the indirect cost allocation methodology in recognition of the practice patterns of particular specialties.

- One accounting organization commented that the use of work REUS is arbitrary and argued for the use of total dollars actually spent to perform the procedures, not indirect splits, suggesting the use of Activity Based Costing as a preferable methodology.

*Response:* In this final rule, we will use an allocation method for the final rule that is basically similar to our proposed allocation method. It is widely recognized by accountants and others that there is no single best method of allocating indirect expenses to individual services. If we used physician time as an allocator of indirect expenses, we would be using the same values, whose accuracy have already been questioned by some commenters, both to create the practice expense pools and to allocate these pools to individual services. If we used only direct costs, we would be giving full weight to CPEP values that have not yet been refined. We agree that the use of physician work as an allocator is not preferable in the long term. It likely provides maximum advantage to hospital-based services in which the



physician incurs relatively few direct costs.

For this final rule, we are making a technical change to the allocation method for indirect costs by using direct costs and the work REUS scaled using the Medicare conversion factor instead of a factor calculated using the physician time data. Because of questions raised by commenters concerning the time data adjustments, we believe that it is more appropriate to convert the work REUS into dollars using the Medicare conversion factor (expressed in 1995 dollars, consistent with the AMA SMS survey data). This will give somewhat less weight to work while, at the same time, avoiding a major methodological change until it has been examined further. We intend to work with the medical community during refinement so that we ensure that our allocation methodology is both appropriate and equitable.

*Comment:* Many major specialty societies, both primary care and surgical, commented that we should not apply a different methodology for allocating the practice expense pools to the radiology codes than we do to all other codes. One commenter argued that multiplying the current charge-based practice expense RVUs for radiology codes by some percentage cannot yield a resource-based system.

Organizations representing urologists, pulmonologists, cardiologists, and ophthalmologists commented that the uniform reductions made in the radiology codes to maintain relative values assumed that all radiology services are done only by radiologists, when many of these procedures are performed by these other specialties. A commenter stated that decisions regarding the practice expense values for radiology codes done predominantly by other specialists should not be made by one specialty. These organizations recommended that the practice expense RVUs for their codes be established using the allocation methodology used for all other services.

One specialty society, representing diagnostic vascular testing, commented that the use of the existing radiology relatives to allocate practice expense to the code level results in significantly larger decreases in the technical component than in the professional component of their services. The commenter recommended that if we continue to use the radiology relatives, then we should reduce the professional components of the codes more than the technical components because practice expenses are greater for the technical component than for the professional component.

The AMA supported the use of the radiology relative values for actual radiology services, but recommended that this methodology should be applied only to services that are performed predominantly by radiologists.

The American College of Radiology endorsed the radiology relativity of the radiology RVUs without exception, and they would oppose the exclusion of individual radiology procedures since this is inconsistent with the concept of radiology relative values. They argued that maintaining the relativity of the radiology fee schedule—

- Is consistent with generally accepted accounting principles because it is based on surveys and physician panels;

- Is widely accepted;
- Solves rank order anomalies caused by raw CPEP data;

- Simplifies the derivation of the professional component, technical component, and global practice expense RVUs;

- Is mandated by law, as the Omnibus Budget Reconciliation Act of 1989 stated that for radiology services “the Secretary shall base the relative values on the relative values developed under section 1395m(b)(1)(A)\*\*\*\*”; and

- They also argue that we have recognized and honored the statutory obligation to maintain the relationships in the radiology relative value scale.

Another national organization representing diagnostic imaging services also suggested keeping the radiology fee schedule as the allocator for radiology, rather than the direct costs from the CPEP data, as there would be even greater reductions on codes we allocated using the CPEP relatives.

*Response:* Because the majority of specialties that perform radiology services object to the use of the current practice expense RVUs for radiology services, we cannot continue to use these RVUs. However, since we are not making changes to the CPEP data for this final rule and since the American College of Radiology has not had sufficient opportunity to comment on the CPEP data because of our proposed use of the current radiology RVUs, we are using the current radiology RVUs to allocate the direct cost pools of the specialty radiology until such time as the CPEP data for radiology services have been validated. We will not use the current radiology RVUs for any other specialty.

It should be noted that radiology services or components of radiology services that lack work RVUs are handled as described in the section on services without work RVUs. This alters the impact of using the current

radiology RVUs for the specialty radiology since we set the global portion of a radiology service equal to the sum of the technical and professional components.

*Comment:* One specialty society commented that, for one important high volume pathology service, the proposed total professional component practice expense RVU payment would be \$11.37, approximately \$2 short of the administrative labor costs alone. The commenter wanted more information on how our method splits administrative costs between the professional and technical components. The commenter requested that we provide a data set of the RVUs for administrative labor, office expenses, and other expenses that result from our allocation method, with a break-out of the professional and technical component RVUs for services that have both components, so that the appropriateness of the allocation method can be evaluated.

*Response:* Our methodology was described in the proposal, and we also provided additional detailed data files that we used to develop the proposed values. We will try to make additional data available if the request is further specified.

*Comment:* The American College of Cardiology expressed concern that, though it might be necessary to weight average the allocation to codes according to the practice expense per hour of the different specialties performing the service, this defeats the intent of Congress to recognize actual costs and could also lead to negative incentives. The commenter suggested that this is an issue that we and the specialties should pursue.

The American Society of Echocardiography more specifically commented that we should not include in the calculations for cardiovascular diagnostic tests the even more unrepresentative data for internists coding for these procedures. The society maintained that because of the low equipment costs for internists, this blend dilutes the RVUs allocated to these codes.

*Response:* The statute is very specific that Medicare is not to pay specialty differentials. Therefore, weight averaging of the CPEP inputs among specialties that do a service seems appropriate.

#### *Other Issues*

*Comment:* Many commenters, representing a broad spectrum of specialties, expressed concern that reductions in payment for specific services could have a negative impact on access to care. Many of these



commenters recommended that we monitor access and quality of care issues that may arise as a result of the implementation of a resource-based practice expense system.

*Response:* Maintaining access to high quality health care for Medicare beneficiaries is, and will continue to be, a high priority, and we will monitor available relevant data. However, we do not anticipate that the implementation of resource-based practice expense RVUs should lead to any major impediments to access to care. Any impacts of this new system are being transitioned in over a 4-year period, during which we will be refining both the practice expense per hour data and the direct cost inputs. We will be working closely with the medical community during this refinement period, and we are confident that we will achieve a resource-based practice expense system that will maintain our beneficiaries' access to the best possible medical care.

*Comment:* One commenter was concerned about how the monthly capitated payment for end-stage renal disease (ESRD) services was handled under the top-down approach. The commenter argued that, though the "building block" process used for the work RVUs for these services does not translate perfectly for practice expense values, this approach should still be utilized to calculate the practice expense RVUs. In addition, the commenter questioned our choice of CPT 99213, a mid-level office visit, to calculate physician time for ESRD services.

*Response:* We allocated the practice expense pool to ESRD services using the CPEP inputs, as we did for almost all other services. We also believe that the intensity of an average evaluation and management service provides a reasonable estimate of physician time. These issues can be further analyzed during refinement.

*Comment:* Two commenters noted that costs associated with the supervision of diagnostic tests were not included in the technical component amounts.

*Response:* In separate carrier manual instructions, we are revising the level of physician supervision required for many diagnostic services. For example, we are changing the requirements for most ultrasound procedures from personal or direct supervision to general supervision. We believe the required supervision for any remaining services that are at the personal supervision level are generally already reflected in the work RVUs. Therefore, we do not

believe that there are additional costs for physician supervision.

*Comment:* One commenter indicated that there will be a marked increase in the volume of services paid under the physician fee schedule as a result of BBA changes in payment for outpatient therapy services. The commenter maintained that this increase should not adversely affect future budget neutrality adjustments.

*Response:* Although payment for these outpatient therapy services are based on payment amounts contained in the physician fee schedule, these services are not included as part of the fee schedule pool for budget neutrality calculations.

*Comment:* One commenter argued that the budget neutrality adjustment is inappropriately applied because it does not recognize the savings provided by the elimination of the facility payments for endoscopic procedures that will move to the office setting.

*Response:* The statute specifies that there shall be budget neutrality for physician fee schedule services. The budget neutrality adjustment does not take into account payments to facilities.

*Comment:* Two commenters suggested that any fiscal adjustments made to comply with BBA should be reflected in the conversion factor, or other ratio, rather than be included in the calculation of the practice expense RVUs, so that other payer reimbursement would not be affected.

*Response:* We do not completely understand these comments, but we believe the request is consistent with our practice of making budget-neutrality adjustments on the conversion factor.

*Comment:* Several commenters requested additional impact analyses such as—

- Comparison of actual practice expense by specialty with expected practice expense payments, both by amount and by percent, for both our proposed practice expense payments and the current fee schedule practice expense RVUs;
- Comparison of impacts by geographic area, including rural and urban impacts;
- Analysis of impacts on hospital, academic, and community-based physicians;
- Analysis of total Medicare and non-Medicare impact using national claims case mix data; and
- An analysis that would demonstrate to other payers the degree to which our proposed payment rates are less than actual practice costs.

*Response:* We lack the data to provide some of the requested analyses. For example, we do not have national

claims case mix data and are unaware of the existence of such data. With regard to rural and urban impacts, in the June 5, 1998 proposed rule we discussed the limitations of such analyses given the structure of the Medicare payment localities. We are unsure what the commenters are specifically requesting on the issue of actual costs since we have based the resource-based practice expense RVUs on the best available source of multi-specialty actual cost data: the SMS survey. Cost analyses at the individual practice level are problematic since, for example, we do not have physician cost reports, but we are open to concrete suggestions on how to perform such analyses. We also note that the Medicare public use files are an excellent source of data for commenters who wish to perform additional analyses that they believe are possible with the data sources available to us.

*Comment:* One commenter requested that we make clear to Medicare contractors that hospital-based pathologists who incur technical component costs for nonhospital patients can be paid for both the technical and professional components.

*Response:* This is a long-standing policy, and we are not aware of any general problems in this regard. However, we would be willing to discuss the issue with individual carriers if the commenter provides more specific information.

*Comment:* One commenter recommended that we recalibrate the allocation of RVUs to the pools for physician work, practice expense and malpractice, as this allocation has remained constant since the resource-based relative value scale was implemented in 1992.

*Response:* We are recalibrating the allocation this year to match the Medicare Economic Index (MEI) weights. For example, work goes from 54.2 percent of the total to 54.5 percent, the practice expense portion goes from 41.0 percent to 42.3 percent, and the malpractice portion goes from 4.8 percent to 3.2 percent. (See Section II.D, "Rebasing and Revising the Medicare Economic Index.") In order to prevent the work RVUs from changing as a result of this, we are altering only the practice expense and malpractice RVUs. The changes to the practice expense and malpractice RVUs due to this are offset by an adjustment to the conversion factor.

*Comment:* One commenter recommended that we should limit the magnitude of the changes in physician payments resulting from the shift to resource-based payment for practice



expenses by imposing some reasonable limit on payment increases and decreases for individual services. The commenter maintains that section 1848(c)(4) of the Act, which authorizes the Secretary of Health and Human Services to, "establish ancillary policies, as may be necessary to implement this section," provides statutory authority on which to base such a policy. The comment pointed out that we invoked this section in 1991 with reference to the transition to resource-based payment for physician work.

*Response:* We believe that Congress intended the transition period to be the mechanism by which we would mitigate the impacts of any changes in payment brought about by the shift to resource-based practice expense. Therefore, we believe it would be inappropriate for us to impose further limits on payment increases or decreases.

*Comment:* One commenter maintained that the proposal violates both the Regulatory Flexibility Act and the Paperwork Reduction Act of 1980 because the adequate filings required in both of these Acts did not accompany the proposal. Additionally, the commenter stated that we did not cite any evidence to support its contention that a Regulatory Impact Statement is not required.

*Response:* We had included a Paperwork Reduction Act (PRA) section in HCFA-1006-P that meets the requirements of the PRA of 1980.

One commenter stated that we do not cite any evidence in either of our proposals to support our contention that no regulatory impact statement is required. There may be some confusion about the purpose of an impact statement and the difference between a regulatory impact statement and a regulatory impact analysis (RIA). A regulatory impact statement is a brief rationale on why an analysis was not conducted. An RIA is a complete analysis based on recent available data and is more extensive.

An RIA was conducted in the proposed rule of June 5, 1998 (63 FR 30866). Absent this analysis, we would be required to furnish an impact statement. Therefore, there is no violation of either the RIA or Regulatory Flexibility Act requirements.

### 3. Other Practice Expense Policies

#### *Site-of-Service Payment Differential*

As part of the resource-based practice expense initiative, we are replacing the current policy that systematically reduces the practice expense RVU by 50 percent for certain procedures performed in facilities with a policy that

would generally identify two different levels (facility and nonfacility) of practice expense RVUs for each procedure code depending on the site-of-service.

Some services, by the nature of their codes, are performed only in certain settings and will have only one level of practice expense RVU per code. Many of these are evaluation and management codes with code descriptions specific as to the site of service. Other services, such as most major surgical services with a 90-day global period, are performed entirely or almost entirely in the hospital, and we are generally providing a practice expense RVU only for the out-of-office or facility setting.

In the majority of cases, however, we will provide both facility and nonfacility practice expense RVUs. The higher nonfacility practice expense RVUs are generally used to calculate payments for services performed in a physician's office and for services furnished to a patient in the patient's home, or facility or institution other than a hospital, skilled nursing facility (SNF), or ambulatory surgical center (ASC). For these services, the physician typically bears the cost of resources, such as labor, medical supplies, and medical equipment associated with the physician's service.

The lower facility practice expense RVUs generally are used to calculate payments for physicians' services furnished to hospital, SNF, and ASC patients. The costs for nonphysicians' services and other items, including medical equipment and supplies, are typically borne by the hospital, by the SNF, or the ASC.

We received the following comments on our site-of-service payment differential proposal.

*Comment:* We received several comments concerning the appropriateness of our site-of-service proposal:

- Several specialty groups commented that they agreed with eliminating the site-of-service differential and replacing it with two levels of payment.
- A national specialty society representing gastroenterologists, as well as several hundred individual commenters, strongly opposed the elimination of the current site-of-service differential and replacement of it with the facility and nonfacility resource-based practice expense RVUs. The comments argued that we should not have established different practice expense RVUs for facility and nonfacility settings for gastrointestinal endoscopy codes 43234 through 45385 because:

- It is unsafe to do these procedures in the office and will thus jeopardize patient safety;

- It creates an incentive to provide care in the inappropriate office setting; and

- It is not authorized by legislation, is against the intent of BBA to have different payment levels for different settings, and is likely to result in legal challenge.

The commenter recommended that we drop the office and out-of-office differential in practice expense payment.

- One organization commented that our site-of-service proposal will exacerbate the ability to subsidize uncompensated care and suggested exempting teaching physicians from the new site-of-service provision. It also suggested that HCFA should also monitor the effects of the site-of-service policy.

- The AMA, the American Hospital Association, and three other organizations commented that payment differentials should not provide an incentive for physicians and patients to choose one site over another. Some physician groups are concerned that the differential will accelerate the shift of some services from facility to nonfacility settings at the expense of patient safety. They asserted that claims data on changes in place of service should be made available and this issue should be one focus of refinement efforts.

*Response:* We believe that, to the extent that the differing RVUs for in-office and out-of-office services reflect the relative differences in practice costs for performing those services, we have not created incentives to provide services in inappropriate settings. We are required by both the Social Security Act Amendments of 1994 and BBA to develop resource-based practice expense RVUs, based on physicians' actual costs. All of our data indicate that physicians' practice expenses are higher in the office, where the physician must incur all the costs of staff, equipment, and supplies, than in a facility that provides and is paid separately for these resources. As the facility and nonfacility costs to the physician can vary by a considerable amount, we believe that adopting a single average payment for both sites would consistently underpay in-office procedures, and overpay those performed in a facility and would thus be inherently inequitable, not resource-based, and contrary to the intent of the law. Furthermore, we are not aware of any studies showing that codes 43234 through 45385 are being unsafely performed in offices. We have complete



confidence that physicians will continue to exercise their best clinical judgment as to the most appropriate setting for their patients.

*Comment:* One specialty society stated its support for the proposed change in the site-of-service payment, as long as it does not result in nonpayment for services actually provided. For example, there are no practice expense RVUs for emergency intubation in the nonfacility setting, though this service may occasionally have to be performed in the office.

*Response:* If a service for which there are only facility RVUs is performed in the office, the facility rate will be paid.

*Comment:* The American Urological Association commented that certain codes—50590, 52234, 52235, 52240, 52276, and 52317 were inappropriately assigned nonfacility PERVUs, as it is not safe to perform these services in the office.

*Response:* We would need more data to demonstrate that performing these services in the office is not appropriate before we would eliminate the nonfacility RVUs. We are willing to review such information during the refinement process. Such information should be submitted to HCFA, Office of Clinical Standards and Quality.

*Comment:* Two societies representing pulmonologists commented that critical care is listed with facility and nonfacility practice expense RVUs, although it is nearly always performed in an inpatient setting.

One organization representing psychiatrists noted that CPT codes 90816 through 90829 are restricted to the inpatient hospital and partial hospital and residential care settings, and that CPT code 90870, electroconvulsive therapy, would not generally be performed in an office setting. The commenter recommended that the final rule list RVUs for only the facility setting.

*Response:* We are not deleting RVUs proposed for the nonfacility setting in this final rule, but will be considering this issue during refinement. We would note, however, that services performed in the residential care setting would be paid by using the nonfacility RVUs.

*Comment:* One commenter pointed out that in our proposed rule we list the services that, by nature of their codes, would only have one level of practice expense; this list includes codes 99321 through 99333 and 99341 through 99350. However, in Addendum C, both facility and nonfacility values are given and the facility values are higher than the nonfacility values for most of these codes. These inconsistencies should be corrected. Another commenter

submitted a list of some codes where the facility practice expense RVUs are higher than the in-office values.

*Response:* We thank the commenters for pointing out these discrepancies. The instances of higher facility RVUs are an artifact of our indirect methodology and reflect the differing mix of specialties performing a service in each setting. We will look at this more closely during the refinement process.

*Comment:* One specialty society commented that the dual energy x-ray absorptiometry codes have the same practice expense RVUs for both the in-office and out-of-office setting. The comment recommended that the in-office RVUs be adjusted to reflect the high costs of equipment for the office-based physician.

*Response:* More specific data will be needed on the actual costs of the equipment so that we can address any changes to the CPEP data during the refinement process.

*Comment:* Three organizations representing outpatient therapy services commented that, though outpatient rehabilitation providers will be paid the nonfacility rate, there are higher costs for providing rehabilitation services in an SNF or hospital than in a doctor's office. These costs are not reflected in the CPEP data and are grossly underestimated in the practice expense RVUs. There should be a special higher site-of-service differential to be applied when outpatient therapy services are furnished in provider settings.

*Response:* The site-of-service differential is intended to ensure that the Medicare program avoids making duplicate payments to practitioners and facilities for the same services. BBA specified that outpatient therapy services, which prior to January 1, 1999 have been paid by Medicare using a cost reimbursement system, should be paid using the physician fee schedule effective January 1, 1999. As discussed more fully in the June 5, 1998 proposed rule, we believe it would be inappropriate, and inconsistent with how we pay for other services under the fee schedule, to pay a higher rate for these outpatient rehabilitation services when they are provided in an SNF or hospital.

*Comment:* One specialty organization recommended that we confirm that facility-based practice expenses exclude only those practice expenses that are actually provided and paid for by the facility. We should provide a data file summarizing which resources are deemed to be provided by facilities, so that physician organizations can identify any errors or anomalies in

HCFA's assumptions. For example, vitreoretinal physicians must often provide clinical staff for out-of-office procedures, and it is essential that there is a mechanism for the physician to be reimbursed.

*Response:* The differential between the facility-based and office-based practice expenses is determined by the CPEP inputs for staff labor time, supplies and equipment attributed to each site and the mix of specialties providing the services in each site. We will consider further adjustments to the CPEP inputs during the refinement period.

*Comment:* The American Speech-Language-Hearing Association commented that the extra costs for patient acuity and travel should be added to the site of service differential.

*Response:* This is an issue for which specific data is needed and that should be addressed during the refinement period.

#### *Additional Relative Value Units for Additional Office-Based Expenses for Certain Procedure Codes*

Usually office medical supplies or surgical services in the physician's office are included in the practice expense portion of the payment for the medical or surgical service to which they are incidental. The November 1991 final rule (56 FR 59522) included a policy for 44 procedure codes that allowed a practice expense RVU of 1.0 to pay for the supplies that are used incident to a physician's service but generally are not the type of routine supplies included in the practice expense RVUs for specific services. This list of procedure codes was expanded in the December 1993 final rule (58 FR 63854). Included in this list of procedures for which an additional amount may be paid for supplies if the procedure is performed in a physician's office are closing a tear duct (CPT code 68761) and billing for a permanent lacrimal duct implant (HCPCS A4263), inserting an access port (CPT code 36533) and billing for an implantable vascular access portal/catheter (A4300), and performing cystoscopy procedures and billing for a surgical tray (A4550).

We proposed to revise this policy under the resource-based practice expense system. We believe the supply costs that this policy is designed to cover were included in the supply inputs identified by the CPEPs and the AMA's SMS survey. Thus, they were included in the practice expense RVUs for each relevant procedure code. Therefore, we proposed to discontinue separate payment for supply codes A4263, A4300, A4550, and G0025.



Below are the comments we have received on this issue:

*Comment:* While two primary care organizations agreed with our proposal to discontinue separate payment for select supply codes, three other specialty societies opposed elimination of the current payment for these supplies. One comment argued that incident-to supplies were not counted in the CPEP process, and the other that this separate payment is a preferred method of recognizing added costs to physicians.

*Response:* We believe that the current practice expense RVUs include the payment for these supplies. However, we are willing to consider evidence that the CPEP inputs do not reflect the appropriate use of these supplies for any service during the refinement process.

*Comment:* The AMA, as well as four physician specialty organizations, recommended phasing out separate payment for supplies during the transition instead of implementing it all at once in 1999.

*Response:* We agree and we will be phasing out the separate payment for these supplies over the transition period.

#### *Anesthesia Services*

Although physician anesthesia services are paid under the physician fee schedule, these services do not have practice expense RVUs. Rather, payment for physician anesthesia services is determined based on the sum of allowable base and time units multiplied by a locality-specific anesthesia CF.

Since the beginning of the physician fee schedule, overall budget neutrality and work adjustments have been made to the anesthesia CF and not to the base and time units. We are following the same process and making an adjustment to the anesthesia CF to move anesthesia services under the resource-based practice expense system. The adjustment to the anesthesia CF is 3.0 percent (phased in over the transition period).

#### **4. Refinement of Practice Expense Relative Value Units**

Section 4505(d)(1)(C) of BBA requires the Secretary to develop a refinement process to be used during each of the 4 years of the transition period. In the June 5, 1998 proposed rule, we proposed keeping the practice expense RVUs as interim RVUs until at least the fall of 1999, and possibly beyond 1999, if we believe more time is needed to identify and correct errors. We also solicited recommendations for a refinement process in subsequent years.

In the June 1998 proposed rule, we did not propose a specific process for a long-term refinement process. Rather, we set out the parameters for an acceptable refinement process for practice expense RVUs. Such a refinement process would enable us to do the following:

- Review and refine practice expense and hour data.

We suggested that we would be prepared in the future to refine the practice expense and hour data of those specialties well-represented in the SMS data if we receive compelling evidence that the SMS data are incorrect. We invited comments on potential revisions to the SMS survey or alternative sources of data and on the need to confirm, through audit or other means, the survey data that would be used for long term refinement.

- Obtain and review practice expense and hour data for specialties or practitioners not included in the SMS survey.

We invited comments on the appropriateness of our crosswalks and suggested that any arguments that the practice expense and hour data should be changed would be strengthened by the submission of survey data comparable to the SMS data.

- Address anomalies, if any, in the code-specific Harvard and RUC physician time data.

We proposed that we would not revisit work RVU issues that have been already addressed as part of the 5-year review.

- Address anomalies, if any, in the code-specific CPEP data on clinical staff types and times, quantity and cost of medical supplies, and quantity and cost of medical equipment.

We proposed that the codes identified by commenters as having possible errors during the comment periods of the proposed rule and the final rule will constitute the universe of codes whose code-specific CPEP data should be reviewed, as it was not our intention to review the inputs for all the codes on an annual basis. We also proposed that we obtain the advice of practicing physicians on the appropriateness of recommended changes to the CPEP inputs. We suggested two principal options for obtaining that advice, either HCFA-convened multiple specialty panels or the RUC or new organization like the RUC that includes broad representation across all specialties and includes nonphysician practitioners. The panels would need to meet no later than the summer of 1999 to consider the comments we received on both the proposed rule and the final rule. We

invited comments on these options and solicited any other recommendations.

- Refine, as needed, our process of developing practice expense RVUs for codes not addressed by the CPEP process, for example, codes that were new in 1996, 1997, and 1998.

We developed practice expense RVUs for codes that were new in 1996, 1997, and 1998 by comparing the new codes to other comparable codes for which we had actual CPEP data and we invited comments on the appropriateness of our crosswalks. Also, we solicited new code-specific data on clinical staff types and times, quantity and cost of medical supplies, and quantity and cost of medical equipment.

- Develop practice expense RVUs for codes that will be new in 1999 and beyond.

Because of time constraints, we proposed that we develop interim practice expense RVUs for new 1999 codes by preparing a crosswalk of CPEP data from existing codes. Though the practice expense values for these codes will be subject to comment, the interim values will serve as the basis of payment during 1999.

Beyond 1999, we proposed two possible options that could be used to develop practice expense RVUs for new codes. First, we could continue to crosswalk new codes to existing codes and review comments we receive with the assistance of our multiple specialty panels. Second, we could request the RUC or a RUC-like organization to provide recommended practice expense RVUs or recommended inputs before publication of the proposed rule, as we do with work RVUs. We invited comments on these options and solicited any other recommendations. Following are the comments that we have received on our proposal for refinement of the resource based practice expense RVUs:

*Comment:* The RUC submitted the following comments on the refinement process:

- The RUC stated its interest in reviewing any comments that we receive on the accuracy of the physician time data for specific codes.

- The RUC commented that many members of the RUC, the RUC's Advisory Committee and the Health Care Professionals Advisory Committee (HCPAC) observed or participated in the entire CPEP process. The comment stated that, based on that experience and on extensive subsequent discussion, it became clear that the RUC, through its experience in developing physician work relative value units, should also seek involvement in developing



recommendations on practice expense relative values.

- The RUC comment contained the following proposal for refinement of the CPEP data:

The RUC proposed the development of a new Advisory Committee, the RUC Practice Expense Advisory Committee (PEAC) to review comments on the code-specific CPEP data (that is, clinical staff types and times, quantity and cost of medical supplies, and quantity and cost of medical equipment) during the refinement period. This committee would report to the RUC, which would make final recommendations to HCFA. The committee composition would mirror the RUC and include additional representation from the American Nurses Association, the American Academy of Physician Assistants, the Medical Group Management Association, and four other non-MD and DO organizations to encourage input from nurses and practice managers in the process.

The committee would include one representative from the following organizations:

- Chair (To be selected by the Chair of the RUC);
- American Medical Association;
- American Osteopathic Association;
- CPT Editorial Panel;
- Health Care Professionals Advisory Committee;
- Two rotating seats for the RUC Advisory Committee (currently held by Rheumatology and Child Psychiatry);
- American Academy of Dermatology;
- American Academy of Family Physicians;
- American Academy of Neurology;
- American Academy of Ophthalmology;
- American Academy of Orthopaedic Surgeons;
- American Academy of Otolaryngology—Head and Neck Surgery, Inc.;
- American Academy of Pediatrics;
- American Academy of Physician Assistants;
- American Association of Neurological Surgeons;
- American College of Cardiology;
- American College of Emergency Physicians;
- American College of Obstetricians and Gynecologists;
- American College of Physicians;
- American College of Radiology;
- American College of Surgeons;
- American Nurses Association;
- American Psychiatric Association;
- American Society of Anesthesiologists;
- American Society of Internal Medicine;
- American Society of Plastic and Reconstructive Surgeons;
- American Urological Association;
- College of American Pathologists;
- Medical Group Management Association;
- and
- Society of Thoracic Surgeons.

Four seats would be added to include other organizations representing nursing or practice managers, for example, National Federation of Licensed Practical Nurses or American Licensed Practical Nurses Association, American Association of Medical Assistants, Association of Surgical Technologists, Professional Association of Health Care Office Managers, and Healthcare Financial Management Association.

Also contributing to this refinement process would be 80 members of the RUC Advisory Committee, representing those specialty societies with a seat in the AMA House of Delegates who have elected to participate in the RUC process. The RUC process will also include input from the HCPAC, which represents audiologists, chiropractors, nurses, occupational therapists, optometrists, physical therapists, physician assistants, podiatrists, psychologists, social workers, and speech-language pathologists.

The RUC has not yet implemented the PEAC, pending the initial response(s) to the proposed rule. However, the RUC has authorized the RUC Chair to convene the PEAC in a timely fashion and requests that we share all comments we wish to have reviewed regarding changes to the CPEP data with the RUC soon after the conclusion of the comment period on the final rule. The RUC would assure that all members of the RUC Advisory Committee and HCPAC Advisory Committee are contacted regarding the comments and will solicit interest in bringing recommendations forward to the PEAC on these comments. Specialty societies would collect additional data and, where possible, form a consensus recommendation with other interested specialty societies or HCPAC organizations. After considering the comments and the specialty society recommendation, the PEAC would present a report with their recommendations to the RUC which would submit its recommendations to us, along with its usual submission of work relative value recommendations, at the end of May.

The RUC comment contained the following proposal for refinement of the crosswalk for 1996, 1997, 1998, and 1999 new codes. The RUC proposes that the PEAC, when constituted, also review any comments on the final rule that are forwarded by us regarding the appropriateness of crosswalks and extrapolated code-specific data for those codes that were new in 1996, 1997, 1998, and 1999. The RUC would encourage specialty societies and HCPAC organizations to collect data or evidence to support new code-specific

data on clinical staff types and times, quantity and cost of medical supplies, and quantity and cost of medical equipment for each of those new services that are frequently performed.

The RUC comment also contained the following proposal for the development of practice expense RVUs for codes that will be new in 2000 and beyond. The RUC proposes that recommendations for practice expense RVUs for new codes in 2000 and beyond be developed simultaneously with the work RVU recommendations. After a new code is approved by the CPT Editorial Panel, specialty societies would conduct a survey that would include a section on physician work and a section on direct expense inputs for that service. The specialty society would then present their recommendations on both the work and practice expense RVUs, along with all of their supporting data from the survey, to the RUC to review. The RUC would review both RVUs and submit the recommendations to us in a format similar to its current submission.

The RUC comment stated that the majority of the discussion on the expense inputs would focus on the clinical staff time and, potentially, the comparison between this time and the physician time. This time information will not be available for new codes. If we were to utilize two different processes for work and practice expenses for new codes, it would be necessary to establish a process to reconcile differences in time between the two sets of recommendations. The RUC comment recommended that the RUC process represents the best choice for reviewing this relationship and providing verifiable recommendations. The comment also recommended that for new codes for services performed by nonphysicians only, the RUC HCPAC Review Board would review both work and practice expense RVUs and would submit their recommendations to us directly. Throughout the updating process of practice expense, the RUC will also seek the input of nurses, practice managers, and others who have expertise in physician practice expense.

*Comment:* Almost all specialty societies and individuals commenting on refinement, as well as MedPAC and the AMA, agreed that the RUC or a group like the RUC should undertake the refinement of the CPEP input data for individual procedure codes, including reviewing our crosswalks for CPT codes new in 1996 through 1999, and recommending practice expense values for codes that will be new in 2000 and beyond. Several specialty societies, while supporting the role of the RUC in handling the complex issue



of refining CPEP data, stated that the RUC would need to include nonphysicians such as practice administrators and nurses in order to accomplish this task, as staff in management roles have more expertise than practitioners on the intricacies of practice management and the details of practice expenses. The American Podiatric Medical Association commented that podiatry must have full participation on an equal basis with other physicians' specialties; membership on the HCPAC would not be sufficient. The American Academy of Audiology has also commented that they want an audiologist to be represented on any group refining RVUs and the American Occupational Therapy Association commented on the need for therapy representatives. The Society of Vascular Technology/Society of Diagnostic Sonographers commented that they would support the use of a RUC-like group only if there would be appropriate representation of technical component service providers; otherwise they would not favor the RUC handling refinement issues.

**Response:** As previously described, there are four key data items we used for our methodology. Three are needed to develop practice expense "pools" per specialty, and the fourth is needed to allocate these aggregate practice cost pools to individual CPT codes. The data sources we used are as follows:

#### *Practice Cost Pools*

1. AMA SMS survey data for practice costs per hour, by specialty.
2. Harvard and RUC data for length of time to perform each service
3. Medicare claims frequency data for each procedure.

#### *Allocation to Individual CPT Codes*

4. ABT CPEP resource inputs per CPT code.

Refinement requires consideration of three broad types of activities:

1. Review of broad strategy and general methodology issues. Examples of these types of activities include review of the basic methodology, formulas for allocation of indirect expenses, development of criteria for consideration of alternative data sources, survey sample size consideration, development of possible approaches to validate survey data, and other similar methodology issues.

2. Refinement of specialty level practice cost per hour data.

3. Refinement of detailed code level data (CPEP data, procedure time data).

The RUC has proposed to be involved in the refinement process by creating a subcommittee to advise it, referred to as

the Practice Expense Advisory Committee (PEAC). It would consist of over 35 members (RUC specialties supplemented by other groups such as MGMA, nurses, practice managers and others). The vast majority of specialties that commented on the refinement process indicated their support for the RUC proposal or for a similar process.

#### *Initial Refinement Process*

We continue to believe that our proposed general methodology is sound and responsive to the BBA requirements. We did receive a large variety of comments about broad methodology issues, practice expense per hour data, and detailed code level data. As described elsewhere, we have made some adjustments to our original proposal for a select number of situations in which we were convinced an adjustment was appropriate at this time. We are considering other comments for possible future refinement. The values of all codes will be considered interim for 1999 and for future years during the transition period. Rather than specify a detailed refinement process at this time, we will continue to work with the professional community to further develop the refinement process. We will modify the process as necessary during the period, based on our experiences and recommendations received.

Our plans to start the initial refinement process are as follows:

1. We plan to establish a mechanism to receive independent advice for dealing with broad practice expense RVU technical and methodological issues. We are considering contractor support and/or other ways of obtaining independent advice and assessments of comments that we have already received or will receive in the future about important technical issues, especially those that result in major redistributions among specialties. We welcome continuing advice and specific recommendations from the GAO, MedPAC, and the Practicing Physicians Advisory Council. We will also continue to actively consult with physician and other groups about these issues. We are particularly interested in receiving additional comments and suggestions about methodology from organizations that have a broad range of interests and expertise in practice expense and survey issues. All comments will be considered, but we especially encourage organizations that represent a broad range of physician, practitioner, and provider groups (for example, groups that represent both "winning" and "losing" specialties) with expertise in practice costs issues to

make specific recommendations regarding the following methodology issues:

- *Bias in "Top Down" methodology.* Some commenters believe the methodology we are using to establish initial practice expense RVUs is flawed. They indicate that it is inappropriate to pass through costs and that the method will perpetuate inequities among specialties because high revenue specialties have more to spend on their practices. One possible way of dealing with this issue is to further analyze the differences in practice costs per hour by specialty to determine the "reasonableness" of these differences. Edits or other adjustments in practice costs data could be established if appropriate.

- *Validation of data.* It is difficult to establish an unbiased method for refining and validating practice costs data. Data from the SMS survey are self-reported. There could be major incentives in the future for respondents to expand the definition and reporting of "costs" for purposes of this methodology. In addition, we would expect that individual specialties would be likely to bring undervalued practice expense RVUs to our attention, but would not have an incentive to report overvalued practice expense RVUs. We welcome comments on the following:

- + What specific methods should HCFA use to validate key components of the data used for establishing practice expense RVUs?

- + What specific approaches should be used to ensure fairness among specialties?

- + Should we, for example, require that the specialty obtain review by an independent auditor before we consider changes in the data?

- *Criteria for using alternative survey data.* The primary source of practice costs per hour data was the AMA's SMS survey. Some specialties have already requested that alternative, supplementary, or more recent data be used. We welcome comments on what specific criteria should be established for use of these alternative data?

- *Allocation of indirect expenses.* We allocated indirect expenses to individual CPT codes based on physician work and direct expenses. Some commenters suggest that indirect expenses should be allocated by alternative methods, such as physician time and direct expenses, or just direct expenses. We would welcome your recommendations.

2. RUC/PEAC. We would welcome comments from the RUC/PEAC or any other organization or individual for individual code level data—both for



resource inputs and time data. The RUC and PEAC would function as an entity independent from us, much like the current RUC operates for purposes of providing comments on work RVUs. We also recognize the RUC/PEAC may wish to comment on other aspects of the process, such as methodology. We would consider such comments along with those received from others and would likely discuss them as part of the process described in paragraph 1 above. However, we wish to emphasize that, as in our dealings with the current RUC, we would retain the ultimate authority and responsibility to establish practice expense RVUs.

### 3. Comments on the refinement process.

We seek comments January 4, 1999 and suggestions on any aspect of the refinement process as described above.

*Comment:* All but one of the organizations commenting on the issue, as well as many individual commenters, recommended that we keep the practice expense RVUs as interim for the 4 years of the process. One national specialty society recommended we make the revised practice expense RVUs interim for 1 year, only extending the period based on the number of misvalued procedures identified and also ensuring that only changes based on compelling evidence are made.

*Response:* We stated in our proposed rule that we would keep the practice expense RVUs as interim through at least through 1999. Due to the complexity of the issues that need to be addressed during refinement, we now believe that a longer period could be needed to finalize all the RVUs. Therefore, as stated above, we will be keeping all the RVUs as interim throughout the transition period.

*Comment:* Many commenters recommended acceptance of information from alternative data sources during the refinement period, including data provided by specialty societies. One commenter suggested that we develop a standard survey instrument for specialties to use. Another organization commented that we should consider using MGMA's cost survey as an alternative source of information that could be used to supplement, validate, or otherwise expose further areas of refinement in the SMS, or perhaps be a substitute for SMS in the future. This comment also stated that we should remain open to challenges about current practice expense per hour calculations from all specialties, even from those larger specialties represented in the SMS survey, in both the short and long term. Many commenters also recommended

that we develop a process for validating any supplemental data that we use.

*Response:* We believe that the refinement process that we outlined above is responsive to these concerns. One of the major purposes of the technical support and advice mentioned will be to help us to determine what additional data, whether from large or small specialties, are needed, whether submitted information is valid, and whether and how alternative sources of data, such as the MGMA survey, can be used to validate the assumptions used to create the practice expense pools.

*Comment:* One specialty society commented that we should conduct specialty-specific surveys for all HCFA-designated specialties during the refinement period. The comment stated that it is not reasonable for us to put the burden of "oversample" costs, which exceed \$100,000 on the HCFA-designated specialties that the AMA has chosen not to include in its annual survey sample.

*Response:* Decisions on what surveys are needed, what the criteria should be for those surveys, who should conduct the surveys, and who should fund them will be made as we address these issues during refinement.

*Comment:* One organization recommended that the refinement process distinguish between intra-specialty refinement issues that can be resolved within a specialty, and inter-specialty refinement issues which change the cost pool of one specialty with respect to all other specialties.

*Response:* Again, we believe that our chosen refinement process addresses this concern. The intra-specialty refinement issues will, for the most part, revolve around adjustments to the CPEP data and will be referred to the PEAC for their recommendations. Those issues that affect the relative size of the practice expense pools are generally more fundamental methodological questions for which we will seek technical and methodological input as well as input from the medical community.

*Comment:* One national organization commented that the SMS data appears to be the best data available for the purpose of determining practice expense RVUs and that SMS data closely mirrors the specialty's own data. The comment recommended that refinement should focus on identifying the proper inputs for particular codes, rather than adjusting the current SMS data, or revamping the design of the survey, which currently does not reflect a bias towards inflating practice expenses for individual specialties.

*Response:* We agree that the SMS survey is, at present, the best data available for determining aggregate specialty-specific practice costs. We believe one of the purposes of refinement is to pinpoint where appropriate adjustments need to be made in the data that we use. We also agree, as mentioned above, that we will need to develop a system to validate the accuracy of data collected in the future.

*Comment:* One commenter recommended that we ensure that cost-saving innovations are not discouraged by the refinement process. This means that the practice expense scale should not be refined to immediately reflect the full impact of every cost-saving development, or specialties will be permanently discouraged from implementing such innovations.

*Response:* We are required by law to develop practice expense relative values that are resource-based. Therefore, we do not believe that we could develop an alternative approach that would only apply to cost-saving innovations. We also do not believe that the use of resource-based practice expense RVUs will have a significant effect on cost-saving innovations; on the contrary, the use of a prospectively determined payment system, in itself, offers an incentive for any individual practitioner to cut costs.

*Comment:* Two commenters recommended that codes for entirely new procedures and technologies have their practice expense values taken from the all-specialty practice expense pool; two organizations recommended that codes that apply to new technologies to replace current procedures come from the pertinent specialty's pool.

*Response:* There would be no budget neutrality adjustment for new codes that represent entirely new procedures and technologies. However, we believe that, in the majority of cases (since we would typically expect some type of substitution of new services for more established services) a budget neutrality adjustment would be appropriate. In such a case, we would spread the adjustment across all services. However, new codes that merely replace existing services would only affect the pertinent specialty's pool at the time when the practice expense pools are recalculated.

*Comment:* A primary care specialty group recommended that we leave undisturbed the Harvard and RUC time data during the refinement period because of the implications for the work RVUs assigned to codes, while a surgical specialty group recommended that we remain open to revising the Harvard physician time data.



*Response:* The physician time data plays an important role in determining the size of each specialty's practice expense pool and, for this reason, it is important that this data be as accurate as possible. Therefore, we cannot rule out the need for adjustments in the time data during the refinement period. However, according to our chosen refinement process, requests to adjust the physician time data would be initially referred to the RUC. We believe that the RUC will understand the implications that changes in physician times could have for the work RVUs.

*Comment:* One commenter agreed with our proposal that we address potential bias toward specialties which use more midlevel providers during the refinement period.

*Response:* This is one of the issues on which we will be seeking input during the refinement period.

*Comment:* The AMA, supported by comments from two physician specialty groups, recommended that, to avoid confusion, we publish only the blended set of values each year, but make a list of the resource-based practice expense RVUs available to interested parties. Any proposed changes in the resource-based practice expense RVUs could then be published in the spring proposed rules. Four organizations recommended that both sets of RVUs be published throughout the period.

*Response:* We are publishing both sets of RVUs in Addenda B and C.

#### 5. Reductions in Practice Expense Relative Value Units for Multiple Procedures

*Comment:* Two commenters expressed agreement with our decision not to propose further multiple procedure reductions. Gastroenterologists stated that multiple procedure reductions should not apply to GI procedures done through different orifices.

*Response:* Although we have not made a specific proposal with respect to multiple procedures thus far, we may do so in the future. We continue to believe there are efficiencies when more than one service is performed during a single encounter.

#### 6. Transition

##### *The Proposed Rule*

The transition to resource-based practice expenses, enacted in section 4505(b) of BBA, requires practice expense RVUs in 1999 to be based 75 percent on the existing charge-based practice expense system and 25 percent on the new resource-based system. In 2000, the shares are 50 percent of the

former and 50 percent the latter, and in 2001, the shares are 25 percent and 75 percent, respectively. Beginning in 2002, practice expense RVUs are entirely resource-based.

In our October 31, 1997 final rule (62 FR 59052), we indicated that we would use, as the first factor in the transition formula, the 1998 practice expense RVUs actually used for payment. ("The practice expense RVUs for 1999 will be based on the product of 75 percent of the previous year's practice expense RVUs (1998) and 25 percent of the resource-based practice expense RVUs.") In response to this statement, we received a comment suggesting that we consider interpreting the law to use 1997 practice expense RVUs as the starting point for the transition. This interpretation would have eliminated from the transition the 1998 changes in practice expenses enacted by section 4505 of BBA. Those commenting contended that the 1998 changes applied only to 1998 and should not be included in the first practice expense factor in the transition formula. Using 1997 RVUs would have resulted in higher payments for certain specialty procedures and lower payments for office visits during 1999, 2000, and 2001. Beginning in 2002, the starting point for the transition does not matter because the transition will be complete and practice expenses will be based entirely on the new resource-based system.

When we developed the proposed rule, we specifically considered the suggestion that we use actual 1997 practice expense RVUs as the starting point for the transition. In the proposed rule we indicated that we did not believe that we could use 1997 practice expense RVUs for several reasons. First, this approach seemed to us contrary to the statute's intent of moving toward a resource-based payment system; also, the interpretation could potentially result in a "yo-yoing" of practice expense RVUs for certain services between 1998 and future years. We pointed out that practice expense RVUs for office medical visits, explicitly increased by the Congress in 1998, could be reduced in 1999 only to be increased again when the practice expenses are fully resource-based.

We also stated that we would not use 1997 practice expense RVUs as the starting point for the transition because this result was inconsistent with our construction of similar reductions, enacted in OBRA 1993, to practice expense values for 1994, 1995, and 1996. We also indicated that we would reject the only other possibility, using 1991 practice expense RVUs; using 1991

RVUs would be unacceptable since to do so would exclude the effects of the series of reductions to practice expense RVUs mandated by the Congress between 1993 and 1998 and would instead return the system to outmoded practice expense RVUs established at the very inception of the fee schedule. We indicated that we believed this to be a poor alternative. Basing the transition on data for 1991, from which the original practice expenses were derived, would require us to retrospectively impute charge data for the many new procedure codes that had been added since the beginning of the fee schedule. It also would have been contrary to the statutory scheme, which is moving steadily toward a resource-based payment system. We indicated that adoption of 1991 data for the transition starting point would not gradually transition payments to the new resource-based system, but instead would represent an abrupt change in direction. This result is at odds with the purpose of a transition and inconsistent with other transitions in Medicare. Therefore, the June 1998 rule proposed to use the 1998 practice expense RVUs for purposes of the transition formula in 1999, 2000, and 2001.

We received comments strongly supporting the approach we took in the proposed rule, as well as strongly opposing our approach. These comments centered on section 1848(c)(2)(C)(ii) of the Act. That provision requires practice expense RVUs to be computed by multiplying "base allowed charges" by a practice expense percentage. BBA then requires that this "product" be used as the first factor in the transition formula. A cross-reference to section 1848(c)(2)(D) of the Act appears to require base allowed charges to be generated from charge data for 1991. However, we believe that a number of other factors demonstrate the irrationality of using data for 1991 as the transition starting point. Using data for 1991 would be a total aberration from the course of the past 7 years of congressional directives to decrease practice expense RVUs from which office-based and visit codes were generally excepted and would turn the clock back without any congressional direction to do so. We have analyzed both the statutory language and the context in which it is found, and we have determined that the best accommodation of the two is to use current 1998 practice expense RVUs as the basis for the transition to the resource-based practice expense system.

We have considered, among other things, that we are authorized by law to make such ancillary policies as are



necessary to implement section 1848 of the Act; that the equation, based on 1991 average allowed charges that the law seems to instruct us to use as the transition starting point, ignores consistent legislative direction since 1993, as well as our consistent implementation; that we have not used the average allowed charge provision since the establishment of practice expense RVUs in 1991, that it has no ready application to the more than 2000 codes developed since 1992, and, therefore, that using 1991 allowed charges for the transition creates a significant administrative burden, unintended by the Congress, particularly given the short time period for implementation; that the language describing the transition formula and the language describing the "product" upon which it is based are internally inconsistent; that our implementation of adjustments in accordance with section 1848(c)(2)(G) of the Act is consistent with our implementation of the OBRA 1993 3-year reductions; that the Congress is familiar with our implementation, has amended section 1848(c) of the Act since the implementation, and has not acted legislatively to alter our implementation prospectively. In addition, we note that the Physician Payment Review Commission (PPRC) studied resource-based practice expenses for a number of years, that the Congress is familiar with PPRC's data and analyses, and that the results of our transition are consistent with the results PPRC predicted. In sum, we believe that our construction of the law most appropriately resolves the tensions inherent in the practice expense transition provisions of the BBA.

We address below the specific comments we received with respect to transition issues.

*Comment:* Some commenters, mainly societies representing surgical specialties, opposed our proposed approach and indicated that our proposal to use the 1998 practice expense RVUs in the transition formula is in conflict with the language and intent of BBA. These commenters argued that section 1848(c)(2)(C)(i)(I) and (II) of the Act require that the practice expense charge data relied upon in 1991 to establish the 1992 practice expense RVUs be used for the first factor in the transition formula. They also contend that the adjustments to the 1998 practice expense RVUs, required by BBA, were intended to accomplish a one-time redistribution of RVUs from specialty codes to primary care codes and that using these RVUs during the transition would perpetuate

the redistribution for three more years. These commenters claimed that this transition would redistribute an estimated additional \$490 million from specialists to office-based codes.

These commenters assert that the charge-based factor in the transition must be the formula in section 1848(c)(2)(C)(ii) of the Act that established practice expense RVUs as the product of (I) the base allowed charges for a service, and (II) the practice expense percentage for the service. Base allowed charges are defined in section 1848(c)(2)(D) of the Act as "with respect to a physician's service, the national average allowed charges for the service . . . for services furnished during 1991, as estimated by the Secretary using the most recent data available." (The practice expense percentage is defined in section 1848(c)(3)(C)(ii) of the Act.) Therefore, according to these commenters, the reference in the transition provision that RVUs be determined based on "such product" requires us to use 1991 average charges to compute 1999 RVUs.

*Response:* We disagree with these commenters. We believe that the formula in section 1848(c)(2)(C)(ii) of the Act is internally inconsistent, that it was intended for the establishment of the original practice expense RVUs, that it has no ready application to the 2,000 codes new or revised since 1991, and that it produces results inconsistent with the balance of section 1848(c)(2)(C) of the Act. The commenters' construction of the law would eviscerate the changes the Congress made to practice expense RVUs since 1993 and would require that we revert to the beginning of the program in the absence of congressional direction to do so.

First, we believe that the reference to "such product" in section 1848(c)(2)(C)(ii) of the Act supports our view that the Congress contemplated that the first factor in the transition formula would be based on RVUs and not on 1991 average allowed charges. Under the commenters' reading, the transition formula requires that in 1999 we multiply 75 percent of a product based on average allowable charges and 25 percent of the resource-based RVUs. However, "average allowed charges" are expressed as dollar figures, while the resource-based factor is expressed in RVUs. This internal inconsistency suggests that the Congress contemplated instead that both factors in the formula would be expressed in RVUs and that we would use current RVUs produced under section 1848(c)(2)(C) of the Act for the first factor in the transition.

Moreover, although the Congress has not repealed section 1848(c)(2)(C)(i)(I)

and (II) of the Act, the provisions have not been applied in the fee schedule computations since 1992 when the first practice expenses were established. The language of the provisions indicate the inappropriateness of their application here. Thus, section 1848(c)(2)(D) of the Act, incorporated by reference, provides for use of average allowed charges "as estimated by the Secretary using the most recent data available." This language would seem to require us to use 1998 data to recompute 1991 charges, surely an unintended result. In addition, in 1993, the Congress required us to compute practice expenses RVUs on a basis other than that contained in section 1848(c)(2)(C)(ii) of the Act: effective January 1, 1994, section 1848(c)(2)(E) of the Act provided for a "[r]eduction in practice expense relative value units for certain services." The Congress did not explicitly state that the amendment applied notwithstanding the existing language of section 1848(c)(2)(C)(ii) of the Act; instead, the amendment operated without recourse to that provision at all. The amendment envisioned that reductions would be made to the "relative value units [being] applied" at that time, not to charges for 1991. At the end of the period for which reductions were specified in section 1848(c)(2)(E) of the Act, practice expense RVUs did not revert to 1992 values based on 1991 charges; RVU changes produced by section 1848(c)(2)(E) of the Act were permanent and carried forward into the next year's (1997) practice expense RVUs. These more recent and more specific provisions added by the Congress in subsequent years obviously control over the original provision, and the commenters' argument, if adopted, would wipe out the effects of these intervening changes in the law. We believe that it is far more rational and consistent with congressional intent to harmonize the computation during the 4-year transition period with recent legislative changes rather than reverting back to a system from 1991 that has been unused since that time.

Section 1848(c)(2)(G) of the Act, like section 1848(c)(2)(E) of the Act, provides specified reductions for specified services for a particular year to lower excessively high practice expense RVUs; it explicitly raises low RVUs attributable to office visit codes. Section 1848(c)(2)(E) of the Act also provides that "the aggregate amount of reductions" to practice expense RVUs for services furnished in 1998 cannot exceed \$390 million. We believe that the Congress intended that RVU changes resulting from application of section



1848(c)(2)(G) of the Act be treated in the same way as we had treated changes resulting from application of section 1848(c)(2)(E) of the Act, that is, that the RVU changes produced by section 1848(c)(2)(G) of the Act would be permanent and carried forward into the next year's fee schedule.

Accepting the comments advocating use of the 1991 average allowed charges in the transition formula would present other difficulties. We did not establish average allowed charge RVUs for codes new or revised since 1991. Thus, using 1991 average allowed charges in the transition would require us to retroactively impute average allowed charges for procedure codes that did not exist in 1991. This would be a significant administrative burden, particularly given the obligation to have these amendments implemented by January 1, 1999.

We believe that the Congress intended that we devote our efforts to developing the resource-based practice expense system and refining practice expense RVUs, rather than to creating a set of imputed charges for new codes to be used only for the transition. BBA explicitly requires the Secretary to develop a process to refine resource-based practice expense RVUs during each year of the transition (see section 4505(d)(1)(C) of the Act). On the other hand, there is no mention of our refining what 1991 national average allowed charges would have been for more than 2,000 new codes. It is unlikely that the Congress contemplated that we would pursue the imputation of 1991 charges in the limited time we had to retool the resource-based practice expense system, especially given that the imputed values would have no utility after 2001.

Additionally, we note that section 1848(c)(4) of the Act provides authority for us to "establish ancillary policies (with respect to the use of modifiers, local codes, and other matters) as may be necessary to implement this section." We view this situation as one appropriate for the application of the ancillary policies provision. We believe, as we have noted, that the statutory language and the context in which it appears are at odds and create an ambiguity that we must resolve based on the design of the section as a whole and the congressional policies underlying it, and we are using section 1848(c)(4) of the Act for that purpose. In order to rationally implement section 1848(c) of the Act, we will use 1998 RVUs for the first factor in the transition formula.

*Comment:* The surgical specialty societies argue that implementing

section 1848(c)(2)(G) of the Act in the same manner as section 1848(c)(2)(E) of the Act is prohibited because the "adjustments in relative value units for 1998" are limited to \$390 million and that including the reduced practice expense RVUs in the base for the transition makes reductions total more than \$390 million.

*Response:* We do not agree with that statement. We believe that the commenters are misreading the limitation on the "aggregate" reallocation; that limitation applies only to amounts attributable to services furnished in 1998. The law requires us to "increase the practice expense relative value units for office visit procedure codes during 1998 by a uniform percentage which [HCFA] estimates will result in an aggregate increase in payments for such services equal to the aggregate decrease in payments" for the overpriced practice expenses. The provision simply contemplates that we add the increase for each service and assure that the total of all increases is equal to the total of all decreases in payments for the overpriced practice expenses. This provision does not restrict the use of the 1998 practice expense RVUs in future years. To read the law as these commenters suggest would be to reverse years of intentional redistribution of practice expense RVUs mandated by the Congress.

*Comment:* Primary care groups who commented on the proposed rule asserted that the 1998 "down payment" (the increased practice expense RVUs for office visit codes created by section 1848(c)(2)(G)) of the Act was a step in the direction of the ultimate resource-based system. On the other hand, a surgical group believed that we were biased because we presumed that a resource-based practice expense RVU system would lead to a reduction in most specialty codes and a corresponding increase in primary care codes.

*Response:* The trend in practice expense RVU redistributions under a resource-based system is clear, and section 1848(c)(2)(G) of the Act is another step in that progression, consistent with the preceding redistributions which the Congress mandated in 1993. The direction of payment changes for major categories of service—increases for medical visits and reductions for surgical procedures—has been mandated by the Congress, implemented by HCFA, and known to the public for some time. The exception of office-based services from the 1993 practice expense RVU reductions clearly indicated that the Congress intended a

relative redistribution toward those services. While the Congress could not know, on a procedure-by-procedure basis, the impact of the new resource-based system, it was cognizant of the general direction of a resource-based system before it enacted section 121 of the Social Security Act Amendments of 1994, mandating resource-based practice expense RVUs.

Establishment of a resource-based system for practice expenses has been discussed for some time. In 1992, the PPRC, a statutorily established Commission that provided advice and recommendations to the Congress, issued a report titled "Practice Expenses Under the Medicare Fee Schedule: A Resource-Based Approach" (Number 92-1). That report described the Commission's research on a resource-based alternative for calculating practice expense RVUs. It showed the direction of the projected redistributions. The report showed that RVUs for the category of evaluation and management services (medical visits or primary care services) would increase and the category of surgical procedures would decrease.

In its 1993 Annual Report to the Congress, the Commission specifically recommended that the Congress enact a resource-based system for payment of practice expenses. The report, at page 147, indicated:

The Commission has long questioned the appropriateness of these charge-based practice expense and malpractice expense relative values as part of the Medicare Fee Schedule. Since it suggested the OBRA 89 approach as an interim measure in the *Annual Report to Congress 1989*, the Commission has been working to develop methods for calculating practice expense and malpractice expense relative values that are more consistent with the reform goals of resource-based payments (PPRC 1989). This work has led to the identification of methods for calculating these two components that the Commission thinks are more appropriate than the OBRA 89 formulas. Both the practice expense and malpractice expense methods have been described in previous reports to Congress, and each is the topic of a special research report issued by the Commission (PPRC 1992b; PPRC 1992c).

In the same report, the Commission specifically recommended:

The Congress should revise the practice expense component of the Medicare Fee Schedule so that it will be resource-based. Practice expense relative values should be based on data about the direct costs incurred in delivering each service and an incentive-neutral formula to allocate indirect costs. A transition to new practice expense relative values should be introduced beginning in 1997. This date will allow for completion of the current fee schedule transition process



and for development and refinement of the resource-based approach.

Id. This report also showed the impact of a resource-based system for four major categories of services. The Commission estimated that the total payment for evaluation and management services would increase by 12 percent, that diagnostic procedures would decrease by 19 percent, that surgical global services would decrease by 29 percent and that technical procedures would not be changed. (These impacts reflect the total Medicare payment; when measured relative to the practice expense component alone, there would be greater percentage changes.) Thus, the PPRC reports put the Congress on notice about the direction of changes under a resource-based system.

The Congress, in section 13513 of OBRA 1993, enacted reductions in the practice expense component payment to move toward resource-based practice expense RVUs. (The Congress also used these reductions to achieve savings in the Medicare program.) The Congress specifically exempted from reduction any services that were performed at least 75 percent of the time in an office setting. Therefore, the impact of the reductions fell on surgical procedures, and the largest impact occurred for those procedure codes for which the practice expense RVUs most exceeded work RVUs. The structure of section 1848(c)(2)(E) of the Act—reduction of one-quarter of the amount of excess practice expense in each of 3 years—was itself a transition to moderately reduce practice expense RVUs for non-office-based codes rather than to decrease them precipitously.

Section 121 of the Social Security Act Amendments of 1994 required us to develop and implement resource-based practice expense RVUs effective January 1, 1998. Section 4505 of the BBA postponed the change to resource-based values, but included another round of reductions for certain non-visit codes. We agree with the comment that the 1998 payment changes were simply another step in the ongoing process moving payments in the direction of the resource-based practice expense system.

*Comment:* Groups representing primary care physicians supported our proposal, stating that using 1997 RVUs for the transition would cause some RVUs to “ping-pong” between 1998 practice expense RVUs and the transition years. Some commenters opposing the transition policy in the proposed rule stated that the “yo-yoing” of practice expense values around the transition was not inconsistent with the statutory scheme.

*Response:* We agree that it is inconsistent with the statutory scheme to create sharp reversals in practice expense RVUs. A transition in the direction of a resource-based practice expense system began in 1993, and a one-time upward spike in RVUs for surgical procedures, which ignores the changes previously made, would be inconsistent with congressional intent and with the very purpose of a transition.

In response to comments on our proposed rule, we have examined the impact of the transition more precisely for a limited set of procedures. While this example is illustrative only, it shows that using 1991 average allowed charges in the transition formula

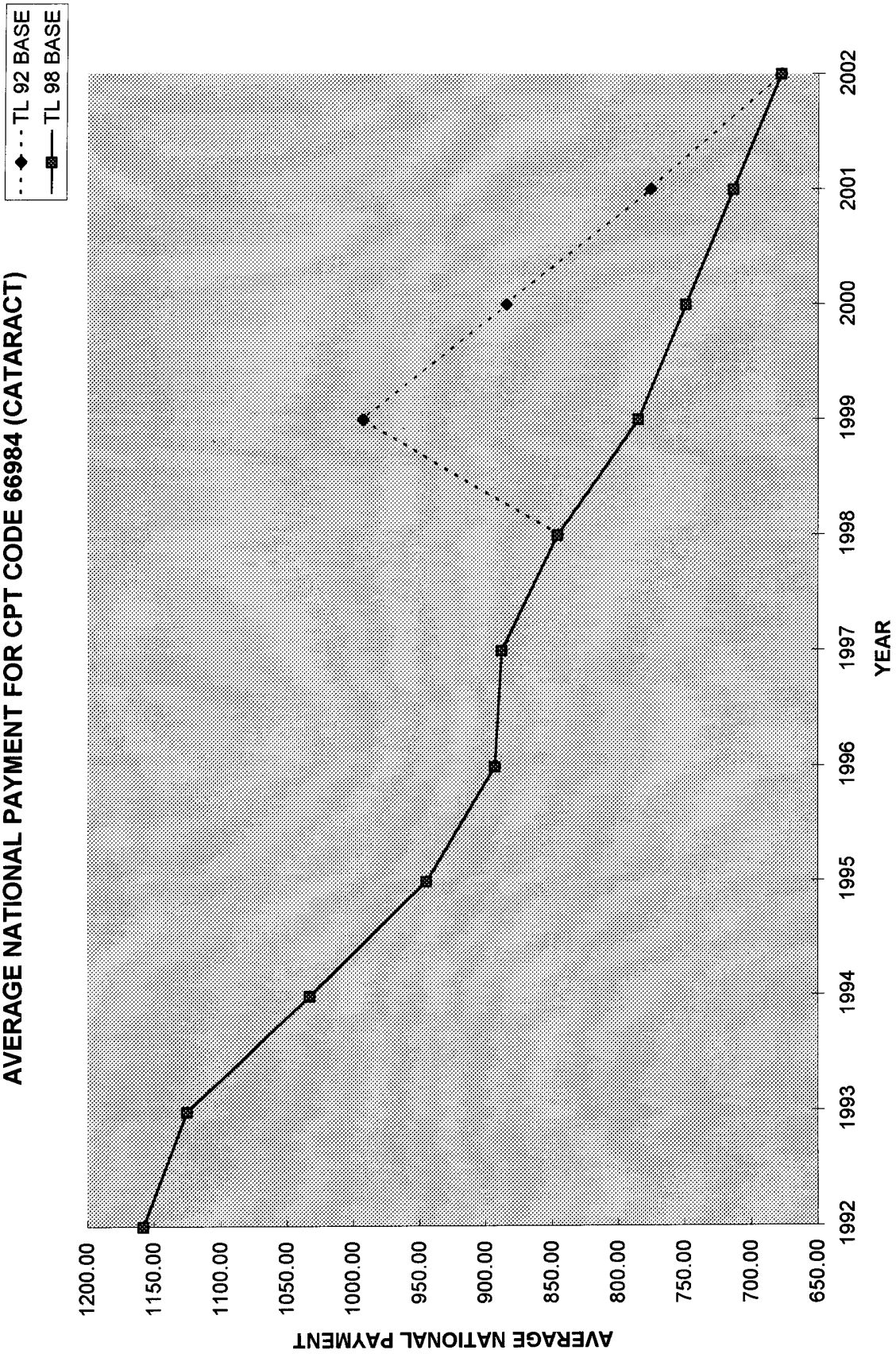
(disregarding the 1998 redistribution, the OBRA 1993 practice expense payment reductions, and all budget neutrality adjustments) would result in marked payment spikes in 1999 for procedures whose fully-implemented resource-based practice expense RVUs are lower than their 1998 practice expense RVUs.

The chart below illustrates the changes in practice expense RVUs for each year from 1992 through 1998 and the estimated practice expense RVUs for 1999, 2000, 2001, and 2002, using data for 1991 and 1998 RVUs as alternative starting points for the transition. The chart shows the figures for cataract removal and intraocular lens insertion (CPT code 66984); the practice expense RVUs for cataract surgery decreased under both the OBRA 1993 and BBA reductions. Practice expense RVUs for cataract surgery will decrease between 1998 and 2002 when the resource-based system is fully implemented. The chart shows that there would be smooth, moderate decreases between 1998 and 2002, as we understand the Congress to have intended, if the 1998 practice expense RVUs are used in the transition formula. The chart also shows that there would be large increases in 1999 practice expense RVUs (compared to 1998 and even compared to earlier years) if the transition practice expense RVUs were based on 1991 average allowed charges. There would indeed be spikes in Medicare payments unless the 1998 practice expense RVUs are used in the transition formula, as we understand the Congress to have intended, during 1999, 2000, and 2001.

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*Comment:* Commenters opposing the proposed policy stated that the legislative history does not indicate that the Congress shares our concern about sharp changes in the redistribution of practice expense RVUs.

*Response:* We believe, instead, that the shape of the reductions made by section 1848(c)(2)(G) of the Act evidences the Congress' concern on this point. That provision explicitly exempted from reduction any procedure if the in-office or out-of-office practice expense RVUs would have increased under our June 1997 proposed rule. Thus, the Congress specifically chose not to reduce RVUs for a procedure if they were subsequently to be increased under the resource-based system. In this way, the law reflects congressional intent to avoid perverse shifts in practice expense RVUs during the transition.

*Comment:* Commenters opposed to the proposed rule also suggested that the OBRA 1993 changes codified at section 1848(c)(2)(E) of the Act were intended by the Congress to be temporary and apply only during 1994, 1995, and 1996.

*Response:* We disagree; the provisions were scored legislatively as permanent reductions, and we note that we implemented the OBRA changes in that way. Moreover, the Congress has acquiesced in our implementation of section 1848(c)(2)(E) of the Act. As discussed earlier, the OBRA 1993 reductions for practice expenses were designed to achieve Medicare savings while moving the system in the direction it would ultimately move under a resource-based system, greater relative payments for office-based procedures. The Congressional Budget Office and the Administration "scored" section 13513 of OBRA as having permanent savings, from which it can be inferred that the payment reductions were permanent. Until we received this comment in response to the proposed rule, it had not been suggested that our implementation of section 1848(c)(2)(E) of the Act was contrary to congressional intent. In fact, the Congress has since amended section 1848(c) of the Act without legislatively altering our implementation of section 1848(c)(2)(E) of the Act. We believe that the Congress' failure to take contrary legislative action on our implementation of section 1848(c)(2)(E) of the Act indicates that we have implemented that provision as the Congress intended.

*Comment:* One specialty society commented that there should be no transition for services that are new in 1999 and beyond.

*Response:* The law is silent as to whether there should be a transition for new services in 1999 and beyond.

However, we agree with the commenter and will not provide a transition for codes representing services that are new beginning in 1999.

*Comment:* One specialty society suggested that we consider asking the Congress for additional transition time due to the disruption caused by the year 2000 computer systems overhaul.

*Response:* For 1999, we plan to make routine provider payment updates and other BBA changes. These pose minimal risks to contractors' year 2000 (Y2K) efforts and, therefore, can be done. Routine updates between October 1, 1999 and April 1, 2000 may need to be delayed because they would occur during a critical timeframe in late 1999 and early 2000 when final Y2K testing and refinements must be accomplished. We will actively consult with interested professional groups, the Congress and other parties as we develop our plans to achieve Y2K compliance while causing minimum disruption in fee schedule updates.

*Comment:* A surgical group suggested that we limit the magnitude of the changes in physician payments by imposing some reasonable limit on payment increases and decreases for individual services. They argue that such an approach is advisable because of what they believe is uncertainty about the accuracy of the resource-based RVUs.

*Response:* We do not believe that it is appropriate to place limits on increases or decreases in payments as a result of the implementation of the new system. We believe that the Congress addressed concerns about the accuracy of new values by explicitly providing for a transition and requiring a refinement process to be used each year of the transition. We believe that, in so doing, the Congress indicated its view of the appropriate contours of relief from the effects of redistribution of practice expense RVUs.

#### *Resolution*

We have considered all of the comments on our proposal to use 1998 practice expense RVUs in the formula for the 1999, 2000, and 2001 transition to fully resource-based practice expense values. We believe that use of 1998 practice expense RVUs is most consistent with the statutory design for resource-based practice expense and that using 1991 average allowed charges for this purpose would be antithetical to this scheme and to the purpose of providing a smooth transition. Thus, we are using the current, 1998, practice

expense relative values in the transition formula for 1999 through 2001.

#### *Revisions to the Regulations*

We are revising § 414.22 (Relative value units (RVUs)), paragraph (b), (Practice expense RVUs), to state that for services beginning January 1, 1999, the practice expense RVUs will be based on a blend of 75 percent of practice expense RVUs used for payment in 1998 and 25 percent of the relative practice expense resources involved in furnishing the service. For services beginning January 1, 2000, the practice expense RVUs will be based on a blend of 50 percent of the 1998 PE RVUs and 50 percent of the relative practice expense resources involved in furnishing the service. For services beginning January 1, 2001, the practice expense RVUs will be based on a blend of 25 percent of the 1998 practice expense RVUs and 75 percent of the relative practice expense resources involved in furnishing the service. For services beginning January 1, 2002, the practice expense RVUs will be based on 100 percent of the relative practice expense resources involved in furnishing the service.

There will be only one level of practice expense RVUs per code for the following categories of services: those that have only the technical component of the practice expense RVUs; only the professional component practice expense RVUs; certain evaluation and management services, such as hospital or nursing facility visits that are furnished exclusively in one setting; and major surgical services. For other services, there will be two different levels of practice expense RVUs per code. The lower practice expense RVUs will apply to services furnished to hospital or ASC or SNF patients. The higher practice expense RVUs will apply to services furnished in a physician's office or services other than visits but performed in a patient's home and services furnished to patients in a nursing facility or an institution other than a hospital, ASC, or SNF.

Result of evaluation of comments:

Based on our evaluation of all comments received on our proposed resource-based practice expense methodology, we have made the following modifications:

- Creation of a separate pool for services with work RVUs equal to zero. We created a separate practice expense pool for services with work RVUs equal to zero (including the technical components of services with professional and technical components) using the top-down methodology except we used the average clinical staff time



from the CPEP data (since these codes by definition do not have physician time) and, as an interim measure, we used the current 1998 practice expense RVUs to allocate the direct cost pools (clinical labor, medical supplies, and medical equipment). For services with professional and technical components paid under the physician fee schedule, the global practice expense RVUs are set equal to the sum of the professional and technical components.

- Allocation of the indirect cost pool. In the indirect allocation methodology, we are converting the work RVUs to dollars using the Medicare conversion factor (expressed in 1995 dollars for consistency with the SMS survey years).

- SMS based practice expenses per hour. For the specialty of emergency medicine, we are using the "All Physician" practice expense per hour to create practice expense cost pools for the categories "clerical payroll" and "other expenses."

For the specialty of pathology, we are removing the supervision and autopsy hours reimbursed through Part A of the Medicare program from the practice expense per hour calculation.

For the specialty of podiatry, we are using the "All Physician" practice expenses per hour to create the practice expense cost pools.

For the specialty of allergy/immunology, we are using the "allergy/immunology" supply practice expenses per hour to create the supply practice expense pool.

We are splitting the "radiology" practice expenses per hour into "radiation oncology" practice expenses per hour and "radiology other than radiation oncology" practice expenses per hour and using these split practice expenses per hour to create practice expense cost pools for these specialties.

- Corrections to code crosswalks. We had inadvertently crosswalked some codes in settings where CPEP data existed. We have removed these crosswalks.

- Use of the current practice expense relatives for radiology services. For the specialty of radiology, we are using the current practice expense relatives for radiology services, as an interim measure, to allocate radiology's direct practice expense cost pools. For all other specialties that perform radiology services, we are using the CPEP relatives for radiology services in the allocation of that specialty's direct practice expense cost pools. Note that radiology services or components of radiology services that lack work relative value units are handled as described above under "Creation of a separate pool for

services with work relative value units equal to zero."

- Physician's time for radiology codes. For radiology codes for which we lacked Harvard or RUC survey data, we calculated the physician's time using the average work per unit time of CPT codes 71010 and 71020.

- Maxillofacial prosthetics. For maxillofacial prosthetics, we are using the "All Physician" practice expenses per hour to create practice expense cost pools and, as an interim measure, allocating these pools using the current practice expense RVUs.

#### *B. Medical Direction for Anesthesia Services*

##### *General Requirements*

The conditions for payment of medical direction for anesthesia services are included in § 415.110 (Conditions for payment: Medically directed anesthesia services). Before January 1999, the regulations referred to these conditions as applying to services furnished directly or concurrently. The reference to services furnished directly is not correct. It suggests that the physician personally performing the anesthesia services only has to provide the same kind of services as the physician medically directing the anesthesia service. In fact, the physician personally performing the anesthesia service must perform the entire anesthesia service alone. This policy is included in § 414.46(c)(1)(i) (Additional rules for payment of anesthesia services, Physician personally performs the anesthesia procedure). Therefore, we are deleting the reference in § 415.110 to services furnished directly.

The December 1995 final rule (60 FR 63152) allows the physician's medical direction of a certified registered nurse anesthetist (CRNA) performing a single anesthesia service. However, this provision did not take effect until January 1, 1998. This policy was incorporated in § 414.46(d)(iii) (Additional rules for payment of anesthesia services, Anesthesia services medically directed by a physician). A program memorandum explaining this policy was issued to the Medicare carriers in January 1998.

In the June 1998 proposed rule, we proposed revising § 415.110 (Conditions for payment: Medically directed anesthesia services) so that it is consistent with § 414.46(d)(iii) by stating that medical direction can apply to the single anesthesia service furnished by a CRNA.

The law provides that the payment allowance for the physician's medical direction furnished on or after January

1, 1998, is 50 percent of the fee schedule amount that would have been paid if the anesthesia service was furnished by the physician alone.

Both the ASA and the American Association of Nurse Anesthetists (AANA) have pointed out that our medical direction requirements are outdated and too restrictive. The requirements are oriented to the administration of a general anesthetic, which was the predominant mode of practice when the regulations were originally implemented. There are other types of anesthesia, such as regional, spinal or epidural anesthesia, and monitored anesthesia care, that are becoming more common and for which the Associations argue, the current requirements are not completely appropriate. For example, in monitored anesthesia care, there is no definable emergence as there is for general anesthesia.

Also, the AANA has advised us that requiring the presence of the anesthesiologist for induction for all cases may not be appropriate and may delay the start of surgery and result in the inefficient use of operating room time. In addition, the ASA has advised us that neither the regulations nor the operating instructions explain the level of documentation required by the anesthesiologist to support the payment for the medical direction service. The ASA believes that the lack of instructions for medical documentation and the concerns about payment audits have reportedly prompted anesthesiologists to overly document anesthesia records.

The ASA and the AANA reached substantial consensus on a revised recommended set of medical direction requirements. The only area that they had a difference of opinion was with respect to the pre-anesthetic exam and evaluation. The ASA favored the requirement that the physician personally perform the examination and the AANA initially favored the requirement that the physician ensure that the examination and evaluation be performed by a qualified individual. We chose the proposed language as a compromise position. We reviewed their recommendations and proposed revising our regulations in § 415.110 (Conditions for payment: Anesthesia services) to reflect current anesthesia practice arrangements. Namely, we proposed to—

- Provide that the physician either perform the pre-anesthesia examination and evaluation or review one performed by another qualified individual;



- No longer require the physician to be present during induction and emergence on all anesthesia cases; and
- Require that the physician—
  - + Monitor the course of anesthesia at intervals medically indicated by the

nature of the procedure and the patient's condition;

+ Remain physically present in the facility and immediately available for

diagnostic and therapeutic emergencies; and

+ Provide indicated post-anesthetic or ensure that it is provided by a qualified individual.

## SUMMARY OF PROPOSED CHANGES TO MEDICAL DIRECTION REQUIREMENTS

For each patient the physician—		
	Current regulations	Proposed regulations
(i) .....	Performs a pre-anesthetic examination and evaluation .....	Performs a pre-anesthetic examination and evaluation, or reviews one performed by another qualified individual permitted by the State to administer anesthesia.
(ii) .....	Prescribes the anesthesia plan. ....	Participates in the development of the anesthesia plan and gives final approval of the proposed plan.
(iii) .....	Personally participates in the most demanding procedures in the anesthesia plan including induction and emergence.	Personally participates in the most demanding aspects of the anesthesia plan.
(iv) .....	Ensures that any procedures in the anesthesia plan that he or she does not perform are performed by a qualified individual as defined in program operating instructions.	Ensures that any aspect of the anesthesia plan not performed by the anesthesiologist is performed by a qualified individual as specified in operating instructions.
(v) .....	Monitors the course of anesthesia at frequent intervals .....	Monitors the course of anesthesia at intervals medically indicated by the nature of the procedure and the patient's condition.
(vi) .....	Remains physically present and available for immediate diagnosis and treatment of emergencies.	Remains physically present in the facility and immediately available for diagnostic and therapeutic emergencies.
(vii) .....	Provides indicated post-anesthesia care .....	Provides indicated post-anesthesia care or ensures that it is provided by a qualified individual.

*Comment:* Almost all commenters recommended that we drop the proposed medical direction requirements and retain the current requirements. They pointed out that the proposed regulations would significantly relax the requirements for physician involvement in the provision of anesthesia care when a qualified nonphysician anesthetist is providing these services. They believe these changes would be to the detriment of patients and would diminish the current standards of care. The focus of these commenters' concerns was on the proposed requirements that the medically directing physician—(1) Could review a pre-anesthetic examination and evaluation performed by a qualified individual permitted by State law to administer anesthesia; and (2) ensure that indicated post-anesthesia care is provided by a qualified individual.

Several commenters also pointed out that the proposed requirement that the physician participate in the most demanding procedures in the anesthesia plan could be construed as meaning that the medically directing physician does not have to participate in any aspect of anesthesia care. Commenters also objected to the proposed requirement that the physician remain physically present in the facility and immediately available for diagnostic and therapeutic emergencies. The commenters pointed out that the proposed requirement is too

lax and could be interpreted to mean the medically directing physician could be located anywhere in the facility.

*Response:* The medical direction requirements specify the activities that the medically directing physician, who is usually an anesthesiologist, must perform in order for the carrier to allow payment for a physician's service under the physician fee schedule. The medical direction requirements are not quality of care standards. As one commenter pointed out, these requirements are minimum requirements. Practicing anesthesiologists can, if they choose, furnish a level of services beyond the minimum standards.

As we noted in the proposed rule, we had decided to propose revised medical direction requirements because of concerns that the ASA and the AANA presented. We had asked the ASA and AANA to work together, to the extent practicable, to come up with a revised set of medical direction requirements. In February 1998, we met with both groups and heard their views and concerns. At that time, with the exception of the first proposed requirement that the CRNA be able to furnish the preanesthesia exam and evaluation and have the medically directing physician review it, it was our understanding that the leadership of both groups agreed to the uniform revised requirements.

However, because of concerns raised by their membership, the ASA and several State anesthesiologist societies

are now requesting, for the most part, that we retain the current requirements, established in 1983.

We have decided to retain the current requirements (that is, requirements (i) and (ii), and (iv) through (vii)) in the preceding table and make only one technical revision in requirement (iii) at the present time. We will study the medical direction issue further and may propose to make a change in the future. The technical revision pertains to the requirement that the physician participate in the most demanding procedures in the anesthesia plan including, induction and emergence. We published a final rule in the **Federal Register** on March 2, 1983 (48 FR 8928) in which the current requirements for medical direction were included to implement section 108 of TEFRA of 1982. Since general anesthesia was the usual mode of practice for anesthesia services, the requirement reflected this practice. However, since 1983, other types of anesthesia care, such as regional anesthetics and monitored anesthesia care have become more common. One of our objectives was to revise the current requirement so that it is consistent with current anesthesia practices. As a result, we have decided that the medically directing physician must be present at induction and emergence for general anesthesia. That final requirement is as follows: The medically directing physician participates in the most demanding



aspects of the anesthesia plan, including, if applicable, induction and emergence.

#### Documentation Requirements

The current regulations do not specifically include medical record documentation requirements for medical direction. The proposed regulations state that the physician inclusively documents in the patient's medical record that the conditions set forth in paragraph (a)(1) of § 415.110 have been satisfied, specifically documenting personal participation in the most demanding aspects of the anesthesia plan.

The ASA asked initially that we include the medical documentation requirements in the regulations so that physicians, carrier staff, and other claims/medical record auditors have a clear and uniform understanding of the documentation requirements.

In addition, within the past 2 years, we have established medical documentation requirements for teaching physicians, including teaching anesthesiologists, that specify the amount of documentation needed to support the claim for the physician's service when the attending physician is involved in a medical/surgical case with a resident. We sought to establish some level of reasonable documentation for the medically directing physician considering that—(1) The teaching anesthesiologist is paid as if he or she personally performed the anesthesia service alone (that is, 100 percent of the fee); (2) the medically directing anesthesiologist is paid 50 percent of the total fee; and (3) the documentation requirements for the teaching anesthesiologist, as found at § 415.178, are that the record demonstrates the physician's presence or participation in the administration of the anesthesia. The operating instructions in MCM section 15016 specifically require that the teaching physician document in the medical records that he or she was present during the critical (or key) portions of the procedure, including induction and emergence. The teaching anesthesiologist's presence is not required during the preoperative or postoperative visits with the beneficiary.

*Comment:* The AANA asked that we revise the medical documentation requirements to require that the physician alone personally document the record; the Association stated that the CRNA should not have to document the physician's participation since the CRNA may not agree concerning the extent of the physician's participation in the case.

*Response:* We believe the proposed regulation text accomplishes this objective since it clearly says the physician must document the medical record. However, for purposes of further clarity, we will accept the commenter's recommendation.

*Comment:* The ASA asked us if their interpretation of the proposed medical documentation requirement is correct. ASA interprets the provision as allowing an anesthesiologist to state in the medical record that the medical direction standards have been met, without enumerating each such standard, and as requiring the anesthesiologist to specify in the record those demanding aspects of the case in which he or she personally participated.

*Response:* We understand the ASA's concerns about the medical direction requirements. We do not wish to make the act of medical documentation overly burdensome to the anesthesiologist. However, the medical record must include an amount of documentation to enable a medical records' auditor to conclude that the physician was sufficiently involved to support the payment of a medical direction fee.

The medical direction requirements specify certain functions or services that the physician must perform and cannot delegate to the directed qualified individual. We do not believe it is onerous to require the medically directing physician to document that he or she performed the pre-anesthetic exam and evaluation, provided indicated post-anesthesia care, and was present during the most demanding procedures, including induction and emergence where indicated. We also expect that there would be some indication in the record that the medically directing physician was present during some portion of the anesthesia monitoring.

#### Limited Activities Permitted During Medical Direction

The preamble to the final regulations (48 FR 8928) to implement section 108 of TEFRA of 1982 allows the medically directing physician to respond to medical emergencies and obstetrical patients in labor and also continue to furnish medical direction. The specific preamble language is as follows:

"We do not expect that a physician who is directing the administration of anesthesia to four surgical patients would be involved *routinely* in furnishing any additional services to other patients. However, addressing an emergency of short duration in the immediate area, or administering an epidural or caudal anesthetic to ease labor pain, or periodic rather than

continuous monitoring of an obstetrical patient, would not substantially diminish the scope of control exercised by the physician in directing the administration of anesthesia to surgical patients. However, the carriers will review hospital records to ensure that such circumstances do not occur frequently, are of short duration, and do not constitute a diminution of the physician's involvement in the surgical procedure."

In addition, the preamble addressed the specific question of whether the medically directing physician could perform certain routine tasks, such as receiving patients entering the operating suite for the next surgery, checking on or discharging patients in the recovery room and handling scheduling matters. The preamble included the following response to this comment:

"We agree that a physician may appropriately receive patients entering the operating suite for the next surgery while directing concurrent anesthesia procedures. However, checking or discharging patients in the recovery room and handling scheduling matters is not compatible with our reimbursing the physician on a reasonable charge basis (now physician fee schedule basis) for directing concurrent anesthesia procedures. The time devoted to such activities potentially can be extensive and would diminish the degree of involvement in the concurrent care beyond levels acceptable for purposes of reasonable charge reimbursement (now physician fee schedule payment)." This continues to be our position.

*Comment:* Some commenters asked whether the policy of allowing certain other activities during medical direction would continue since the proposed regulation did not specifically address this matter. Also, the ASA asked whether this list of activities was exclusive or whether other similar services of short duration could be performed without violating the medical direction payment standards. The ASA did not provide examples of the kinds of services they would consider "other limited services of short duration."

*Response:* We believe this comment goes beyond our proposal. We will continue the policy enunciated in the preamble to the final TEFRA section 108 regulations. We will not expand or limit the current policy until we receive and have our medical staff evaluate information from the anesthesia societies on the specific services or the kinds of circumstances for which they are seeking an expansion of the policy. We invite comments on this issue.

*Result of evaluation of comments:* We have decided to include the following



set of requirements for medical direction in § 415.110 of this final rule. For each patient, the physician—

- (i) Performs a pre-anesthetic examination and evaluation;
- (ii) Prescribes the anesthesia plan;
- (iii) Personally participates in the most demanding aspects of the anesthesia plan, including, if applicable, induction and emergence;
- (iv) Ensures that any procedures in the anesthesia plan that he or she does not perform are performed by a qualified individual as defined in program operating instructions;
- (v) Monitors the course of anesthesia administration at frequent intervals;
- (vi) Remains physically present and available for immediate diagnosis and treatment of emergencies; and
- (vii) Provides indicated post-anesthesia care.

Also, the physician directs no more than four anesthesia services concurrently and does not perform any other services while he or she is directing the single or concurrent services so that all of the conditions for medical direction are met. The physician can attend to medical emergencies and perform other limited services as allowed by Medicare instructions and still be deemed to have medically directed anesthesia procedures.

The physician alone inclusively documents in the patient's medical record that the medical direction requirements have been met, specifically documenting that he or she performed the pre-anesthetic exam and evaluation, provided indicated post-anesthesia care, and was present during the most demanding procedures, including induction and emergence, where applicable.

#### *C. Separate Payment for a Physician's Interpretation of an Abnormal Papanicolaou Smear*

As stated in the proposed rule (63 FR 30841), with the exception of services to hospital inpatients, we do not allow separate payment for a physician's interpretation of an abnormal Pap smear. Under our proposed rule, separate payment may be allowed for a physician's interpretation of the abnormal Pap smear furnished for any patient on or after January 1, 1999.

About 10 percent of Pap smears are abnormal and are interpreted by a physician, usually a pathologist. If a physician interprets an abnormal Pap smear for a patient, other than a hospital inpatient, payment for a physician's interpretation (and the underlying test) is made under the clinical laboratory fee schedule payment for the Pap smear

test. The physician negotiates with the laboratory for payment for the physician's service.

The College of American Pathologists requested that we recognize separate payment for a physician's interpretation of an abnormal Pap smear in all settings. We believe this would establish an understandable and uniform definition of physicians' services across sites. Therefore, we proposed recognizing, under the physician fee schedule, separate payment for a physician's interpretation of an abnormal Pap smear in all settings.

The Pap smear test may be furnished by a hospital or an independent laboratory. For hospital inpatients, the Pap smear test is paid to the hospital on a prospective payment basis. For other than hospital inpatients, the Pap smear test is paid under the clinical laboratory fee schedule to the hospital laboratory or independent laboratory. For services to hospital patients, the Pap smear interpretation usually is furnished by the hospital pathologist who can bill for the professional component of the service. If the independent laboratory's pathologist furnishes the Pap smear interpretation, payment can be made to the pathologist or the independent laboratory if it is an appropriate reassessee.

We received 25 comments from individuals and organizations on our proposal to recognize separate payment for a physician's interpretation of an abnormal Pap smear. All of the commenters supported our proposal.

*Comment:* Several commenters stated that our policy in section 15020 of the Medicare Carriers Manual that allows separate payment for a physician's interpretation of a Pap smear for a hospital inpatient only as long as there is an abnormality, is too restrictive. They pointed out that regulations implementing the Clinical Laboratory Improvement Amendments at § 493.1257(c)(1) require a pathologist to confirm all Pap smears identified by the screening personnel as showing an abnormality. This includes, by regulation, all smears thought to show "reactive or reparative changes, atypical squamous or glandular cells of undetermined significance, or to be in the premalignant (dysplasia, cervical intraepithelial neoplasia or all squamous intraepithelial lesions including human papilloma virus-associated changes) or malignant category."

*Response:* Our regulation will permit separate payment for a physician's interpretation of an abnormal Pap smear in all settings as long as—(1) The laboratory's screening personnel suspect

an abnormality; and (2) the physician reviews and interprets the smear.

We contrast these services with other services of laboratory physicians that we considered hospital services. For example, the services of the physician that involve the review of Pap smears as part of the laboratory's quality control assurance procedures are considered hospital services and payable only to the hospital. Such services include reviewing slides that are considered normal by the cytotechnologist but are routinely reviewed by a pathologist, because of the risk status of the patient, as part of a random sample selected for quality review.

*Comment:* Two commenters recommended that we treat a physician's interpretation of an abnormal blood smear similar to the interpretation of an abnormal Pap smear.

*Response:* This comment is outside the scope of our proposal. Our proposal did not address abnormal blood smears. However, we will look into this issue next year as part of our review of physician fee schedule policies.

*Comment:* One commenter pointed out that the percentage of Pap smears that are abnormal or thought to be abnormal by the cytotechnologist and that require a physician's interpretation can vary considerably from geographical area to area and among laboratories within an area. The commenter wanted to point out that the fact that some laboratory-specific percentages of Pap smears that are interpreted to be abnormal are above 10 percent is not necessarily indicative of unacceptable utilization levels.

*Response:* We appreciate the commenter's clarification. In our proposal, we stated that "about 10 percent of Pap smears are abnormal and are interpreted by a physician." We note that the 10 percent is a national estimate and that differences among laboratories could vary from this amount based on the population that the laboratory serves.

Result of evaluation of comments: We are allowing separate payment for a physician's interpretation of a Pap smear to any patient (that is, hospital or nonhospital patient) as long as—(1) The laboratory's screening personnel suspect an abnormality; and (2) the physician reviews and interprets the Pap smear.

#### *D. Rebasing and Revising the Medicare Economic Index*

##### *Background*

The Medicare Economic Index (MEI) represents a weighted sum of the annual price changes of the inputs used to produce physicians' services. It attempts



to present an equitable measure for the changes in the costs of physician time and operating expenses. The MEI now in use was rebased and revised as stipulated in a final rule published in the **Federal Register** (57 FR 55896) on November 25, 1992.

The MEI is comprised of two broad components, which are physician net income and physician practice expenses. Physician net income is comprised of wages, salaries, and benefits. The physician practice expense portion is comprised of six major categories: (1) Nonphysician employee compensation, including the wages and salaries and benefits of nonphysician employees in physicians' offices; (2) office expenses; (3) medical materials and supplies; (4) professional liability insurance; (5) medical equipment; and (6) other professional expenses.

We believe that it is desirable to rebase and revise the index periodically, in order that the expense shares and proxies will reflect approximate current conditions. Therefore, we are rebasing the MEI to reflect 1996 physician expenses. We chose 1996 as the base year for two main reasons: (1) The 1996 data were the most recent available data

for most of the data sources we are using; and (2) the 1996 data were representative of the changing distribution of physician earnings and practice expenses over time. We have selected what we believe is the most appropriate proxy for each expense category. We will continue to adjust the physician and nonphysician employee compensation for economy-wide labor productivity, to avoid accounting for both physician practice productivity and economy-wide productivity in the physician update framework.

We determined the number and composition of expense categories based on the criteria used to develop the previous MEI expenditure weights and our other input price index expenditure weights (for more information on these criteria, see the November 25, 1992 final rule (57 FR 55900)). To determine the expenditure weights, we used currently available, valid data sources on physician earnings and practice expenses.

While we consulted numerous data sources, we used five sources to determine the rebased and revised MEI expenditure weights: (1) The 1997 American Medical Association

Socioeconomic Monitoring System (AMA SMS) survey (1996 data); (2) the March 1997 Bureau of Labor Statistics (BLS) Employment Cost Index; (3) the 1992 Bureau of the Census Asset and Expenditure Survey (the latest available); (4) the 1996 Bureau of the Census Current Population Survey; and (5) the *Medical Economics* continuing survey published October 1997 (1996 data). No one data source provided all of the information needed to determine expenditure weights according to our criteria.

#### *Rebasing and Revising the Medicare Economic Index*

In the June 5, 1998 **Federal Register** (63 FR 30841), we published a proposed rebased and revised MEI. In that rule, we discussed in detail the methodology and data sources used to rebase and revise the MEI. The final rebased and revised MEI will have a 1996 base year and use the same data sources we proposed in the June 5, 1998 rule. Therefore, the weights and price proxies in this final rule are the same as those we proposed and are shown in Tables 1 and 2.

TABLE 1.—REVISED MEDICARE ECONOMIC INDEX EXPENDITURE CATEGORIES, WEIGHTS, AND PRICE PROXIES

Expense category	Weights		Proposed price proxies
	1989 <sup>1</sup>	1996 <sup>1 2</sup>	
Total .....	100.000	100.000	
Physician Earnings <sup>4</sup> .....	54.155	54.460	
Wages and Salaries .....	45.342	44.197	AHE—Private <sup>3</sup> .
Benefits <sup>5</sup> .....	8.813	10.263	ECI—Ben: Private <sup>3</sup> .
Physician Practice Expenses .....	45.845	45.540	
Nonphysician Employee Compensation .....	16.296	16.812	
Employee Wages and Salaries .....	13.786	12.424	
Prof/Tech Wages .....	3.790	5.662	ECI—W/S: Private P&T <sup>3</sup> .
Managers Wages .....	2.620	2.410	ECI—W/S: Private Admin <sup>3</sup> .
Clerical Wages .....	5.074	3.830	ECI—W/S: Private Clerical <sup>3</sup> .
Services Wages .....	2.233	0.522	ECI—W/S: Private Service <sup>3</sup> .
Craft Wages .....	0.069	.....	
Employee Benefits <sup>5</sup> .....	2.510	4.388	ECI—Ben: Priv. White Collar <sup>3</sup> .
Office Expenses .....	10.280	11.581	CPI(U)—Housing
Medical Materials and Supplies .....	5.251	4.516	PPI Drugs/PPI Surg. Appl/CPI(U) Med Sup.
Professional Liability Insurance .....	4.780	3.152	HCFA—Prof. Liab. Phys. Prem. Survey.
Medical Equipment .....	2.348	1.878	PPI—Medical Instruments and Equip.
Other Professional Expense .....	6.890	7.601	
Automobile .....	1.400	1.300	CPI(U)—Private Transportation.
All Other .....	5.490	6.301	CPI(U)—All Items less Food and Energy <sup>1</sup> .

<sup>1</sup> Due to rounding, weights may not sum to 100.000 percent.

<sup>2</sup> Sources: Socioeconomic Monitoring System 1997 Survey of Physicians, Center for Health Policy Research, American Medical Association; Anne L. Finger, "What it costs to run a practice," *Medical Economics*, October 27, 1997; U.S. Department of Labor, Bureau of Labor Statistics; and U.S. Department of Commerce, Bureau of the Census, 1992 Asset and Expenditure Survey, and 1997 Current Population Survey.

<sup>3</sup> Net of change in the 10-year moving average of output per man-hour for the nonfarm business sector.

<sup>4</sup> Includes employee physician payroll.

<sup>5</sup> Includes paid leave.



TABLE 2.—PERCENT DISTRIBUTION OF NONPHYSICIAN PAYROLL EXPENSE BY OCCUPATIONAL GROUP: 1996

BLS occupational group	Expenditure shares <sup>1</sup>
Total .....	100.000
Professional and Technical Workers .....	45.570
Managers .....	19.399
Clerical Workers .....	30.831
Service Workers .....	4.199

<sup>1</sup> These weights were derived from the 1996 Current Population Survey, U.S. Bureau of the Census.

The time series of percent changes in the current and rebased MEI are presented and compared in Table 3.

TABLE 3.—ANNUAL PERCENT CHANGE IN THE CURRENT AND REVISED MEDICARE ECONOMIC INDEX

Years ending June 30	Current MEI 89-base percent change	Revised MEI 96-base percent change	Difference
1985 .....	3.3	3.2	0.0
1986 .....	3.3	3.1	-0.2
1987 .....	3.0	2.8	-0.2
1988 .....	3.6	3.5	-0.1
1989 .....	3.4	3.4	0.0
1990 .....	3.0	3.2	0.2
1991 .....	3.2	3.3	0.1
1992 .....	2.8	2.7	-0.1
1993 .....	2.1	2.2	0.1
1994 .....	2.1	2.1	0.0
1995 .....	2.0	2.0	0.0
1996 .....	2.0	1.8	-0.2
1997 .....	2.2	2.2	0.0
1998 .....	2.5	2.3	-0.2
Average: 1985-1998	2.7	2.7	0.0

The CY 1999 increase in the MEI, one of the components used to update the physician fee schedule, is 2.3 percent.

We received numerous Comments on the rebased and revised MEI. Each Comment, with a response, is provided below. The Comments are organized into four major sections: index structure, expenditure weights, price proxies, and productivity adjustment.

#### Index Structure

*Comment:* A commenter believed we should re-examine the structure of the MEI, rather than make minor changes to an index that was developed in 1972 when physicians were paid reasonable charges.

*Response:* The structure of the MEI consists of weights associated with each of the cost categories, price proxies for each of the cost categories, and an overall adjustment for changes in productivity. The 1996-based MEI

structure is identical to the revised structure we proposed on September 9, 1991 that was based on issues discussed at a public conference on March 19, 1987, thoroughly reviewed by the industry through a public Comment period, and ultimately adopted in 1992. This commenter did not offer any specific recommendations for change, and we know of no structural change we could make to improve the MEI. Consequently, the structure of the MEI will remain the same.

*Comment:* A commenter suggested that we indicate in the annual physician fee schedule proposed rule what the forecasted MEI would be under the different options considered and under the agency's final recommendation. The commenter noted that forecast data generally are provided when the agency updates the hospital market basket.

*Response:* The physician fee schedule is updated by a statutory-specified formula equal to the MEI plus or minus an update adjustment factor. The agency does not consider various options and make an update recommendation. The MEI for a year is based on changes in prices for prior periods. The performance adjustment is based on actual data; no options are considered. Thus, the situation for physician updates is not analogous to the hospital update process where changes in hospital payments are based on forecasts of the hospital market basket increase in the upcoming Federal fiscal year. In the case of physicians, the changes in the physician payment levels are based on the most current historical and performance data available.

*Comment:* A commenter believed that we should establish a regular schedule for updating weights of various elements of the MEI so that the index reflects the most recent data and information available.

*Response:* In the past, more frequent rebasing would have resulted in little or no difference in the update factors. For this current rebasing, the 1989-based MEI and the 1996-based MEI grew at the same rate on average between 1985-1998 as shown in Table 3. We will continue to monitor changes in the structure of physician costs as they might affect the MEI and we will update and rebase as needed.

*Comment:* A commenter believed that the MEI should contain an adjustment reflecting the fact that different inputs are used when services are provided by a SNF.

*Response:* Part of the fundamental design of the Medicare fee schedule is that payment is based on the service performed without regard to the place where the service is performed. The MEI

is consistent with that design and provides a single national factor to update payments under the fee schedule, regardless of the site of service or the specialty of the health professional.

#### Expenditure Weights

*Comment:* One commenter was concerned that the proposed MEI does not reflect adequately the much larger portion of practice expenses the average obstetrician-gynecologist pays for professional liability insurance as compared to other specialties. The commenter pointed out that professional liability consists of 6.88 percent of the obstetrician-gynecologist's practice expenses, but only 3.2 percent of the practice expense of all physicians.

*Response:* The purpose of the MEI is to recognize the aggregate "pure price" increase of providing physicians' services, regardless of specialty or site of service. Therefore, all input costs across all specialties are considered when determining the appropriate cost weights. The resulting cost weights, along with the price proxies and productivity adjustment, are used to calculate a national average percent change in the inputs used to provide physicians' services. This national average percent change is used to update the national payments under the fee schedule. We recognize that professional liability expenses as a portion of total expenses are above the average for some specialties and below the average for other specialties. However, differences in regional or specialty costs are accounted for by the GPCI or the RVU weight, respectively.

The only change to the professional liability insurance price proxy is that premiums are now collected for \$1 million/\$3 million of coverage on a quarterly basis, as opposed to premiums for \$100,000/\$300,000 of coverage on an annual basis. We continue to survey the same professional liability insurers that we surveyed for the 1989-based MEI.

#### Price Proxies

*Comment:* Several commenters suggested the price proxy for the physician earnings component should be the Employment Cost Index (ECI) for professional and technical workers, rather than the average hourly earnings (AHEs) for total nonfarm workers, for two reasons. First, the rationale for using a proxy of a highly heterogeneous group no longer exists under the current payment system. Thus, our concern regarding circularity (increases in physician fees, which are tied to prevailing charges, are linked to



increases in physician payments) is no longer an issue. Second, earnings of professional workers are used as the proxy for the physician work component in the GPCI while AHEs for total nonfarm workers are used for physician earnings in the MEI. The commenter believes that we should use earnings for professional workers as the proxy in the MEI to be consistent with the GPCI.

*Response:* The commenters have raised issues that need to be clarified regarding the most fair and relevant price proxy to use for the physician work component of the MEI. The commenters are correct that circularity does not now exist between charge levels for individual physicians and subsequent Medicare fee levels for all physicians in the aggregate. However, paying based on a fee schedule does not override the need for us to continue to use fair and relevant price proxies.

We believe that the current price proxy, AHEs in the nonfarm business economy, is still the most appropriate proxy to use for the physician work component. AHEs continue to best meet the criteria of the 1972 Senate Finance Committee report shown in the June 5, 1998 **Federal Register** (63 FR 30844), including the criterion of "fairness to all concerned." AHEs are also the best general earnings wage variable of which we are aware for our specific purpose. As a measure of equitable payment increases, AHEs reflect the impact of supply, demand, and economy-wide productivity for the average worker in society. By using the AHEs as the price proxy for physician time, the physician wage component captures this parity in rates of increase for physicians and the average worker in society.

The ECI for professional and technical workers includes occupations like engineer, architect, mathematical and computer scientist, and other types of technicians. Excess supply or excess demand for professional and technical workers on average can cause their wages to move differently than wages are moving in the overall economy or for a specific professional and technical occupation, such as a physician. Consequently, the ECI for professional and technical workers does not necessarily provide a good normative indicator of the percent increases in general earnings. Therefore, the ECI for professional and technical workers would fail to meet the criteria of fairness in the Senate Finance Committee report.

The commenters are correct that the proxy for physician work time in the GPCI is different than the price proxy in the MEI. This design reflects the different purposes of the GPCI and the

MEI. The GPCI determines how total outlays are allocated among localities based on relative input price levels for each locality, or the "pieces of the pie." Thus, the GPCI price proxy needs to validly reflect the relative levels of the specific category being proxied. The MEI, on the other hand, determines the aggregate increase in total outlays, or the "size of the pie." These different purposes require that different proxies be used. Thus, the purpose of the proxy in this case is to measure the normative change in physician earnings. Our other input price indexes (market baskets), like the prospective payment system (PPS) hospital market basket and the HHA market basket, also use different price proxies than the geographic adjustment variable for similar reasons.

We are going to carefully monitor the price proxy used for physician work time in the MEI to ensure that it continues to be the most appropriate price proxy available for that purpose.

*Comment:* Several commenters suggested that the nonphysician employee compensation component of the MEI should be adjusted using a price proxy that reflects the increased skill mix of staff in physicians' offices.

*Response:* The MEI is a Laspeyres (fixed-weight) index that measures the normative "pure price" increase associated with physicians' services. Our other input price indexes, for hospitals, home health agencies, and skilled nursing facilities, are Laspeyres indexes as well. Changes in skill mix are appropriately captured in the volume-and-intensity adjustment in the fee schedule update, as they are with similar update formulas for our other payment programs, for example, PPS hospitals. By capturing skill mix shifts in the volume-and-intensity adjustment, we are able to appropriately separate quantity and "pure price" effects in the update framework. If we included positive and negative skill mix shifts in the MEI, there would be double-counting. Therefore, we will not adjust for changes in skill mix for the nonphysician employee compensation components of the MEI.

*Comment:* A commenter recommended that we adjust the office expense component using a price proxy based on inflation in commercial rents rather than inflation as measured by the housing component of the CPI for urban consumers.

*Response:* The CPI-U for housing is a comprehensive measure of changes in the cost of housing, including rent, owners' equivalent rent, insurance, maintenance and repair services, fuels, utilities, telephones, furnishings, and housekeeping services. Note that the

GPCI also uses a consumer rather than a commercial rent index. The GPCI uses an index of Fair Market Rents (FMR) published by the Department of Housing and Urban Development for use in the Section 8 rental subsidy program because a valid indicator of commercial rents was not available. This measure does not meet the criterion of timeliness to be used in an input price index as it is only available prospectively on an annual basis. It would not represent historical data or be available quarterly like the rest of the proxies in the MEI.

*Comment:* One commenter questioned why we proposed using wholesale price changes, as measured by producer price indices (PPI), to measure cost changes for medical supplies and equipment. The commenter believed most physician practices are small entities that are unlikely to be able to purchase supplies and equipment at wholesale prices.

*Response:* In revising and rebasing the MEI, we selected wage and price proxies based on relevance, reliability, fairness, timeliness, and length of time a series had been established. Relevance means that the price proxy should represent price changes for goods or services within the expense category. We believe that use of the PPI for medical instruments and equipment appropriately captures price changes for the offices of physicians. Note that movement in the PPI at any given time is followed within a few months by approximately the same movement in the CPI. If this were not true, retailers would soon be out of business as their expenses rose but their revenues did not. Movement in the PPI essentially drives movement in the CPI, albeit with a slight lag. An increase in the wholesale level for a commodity will be followed by the same approximate increase in the retail level. Over time, the PPI does not move faster or slower than does the CPI. As mentioned in our June 5, 1998 proposed rule (63 FR 30846), use of the PPI for medical instruments and equipment as the price proxy for medical equipment is consistent with the 1989-based MEI.

#### *Productivity Adjustment*

*Comment:* A commenter proposed the elimination of the productivity adjustments to both the physician and nonphysician personnel components. The commenter believed the validity of the proposed MEI is compromised severely by this productivity adjustment.

*Response:* The Medicare fee schedule is appropriately adjusted for "pure price" inflation using a price index that approximates a price change in a freely functioning, competitive market. In



such a market, competitive forces lead to increased efficiencies (productivity). Therefore, a competitive output price does not rise as fast as a competitive input price, with the difference reflecting this increased efficiency (productivity). Thus, the input prices in the MEI need to be appropriately adjusted for productivity to approximate a freely functioning, competitive output price change. The PPS hospital input price index (market basket) is similarly adjusted for productivity, but the adjustment is included as a separate component of the PPS update framework.

The commenter believed that using economy-wide labor productivity to make the adjustment to the MEI input prices was inappropriate because physician productivity is lower than economy-wide productivity. While it is true that service industry productivity tends to be lower than economy-wide productivity, there is wide variation in productivity among specific sectors of the service industry. For physicians, the substantial influence they have over the volume and intensity of services provided to their patients allows them to increase output and, therefore, productivity.

The commenter provided information on the declining number of patient contacts per physician as evidence of declining productivity. To estimate productivity per physician, however, the large increase in volume and intensity of services per contact has to be accounted for. An approximation of the change in volume and intensity of physicians' services is the increase in allowed charges per enrollee in excess of the MEI increase (shown in the 1998 Annual Report of the Board of Trustees of the Federal Supplementary Medical Insurance Trust Fund). The increase in allowed charges per enrollee from Table II.F3. of this report has exceeded the MEI increase by 3.1 percentage points in 1994, 5.8 percentage points in 1995, and 2.1 percentage points in 1996. These data show that volume-and-intensity increases for physicians' services are still high relative to economy-wide productivity, which has historically grown around 1 percentage point annually on a 10-year moving average basis.

Economy-wide labor productivity increases automatically result in economy-wide wage rate increases as less worker time or other inputs are needed to produce the same outputs. Thus, the AHEs wage variable implicitly includes productivity increases in the overall economy. The productivity adjustment to the MEI factors out these economy-wide productivity increases.

However, an individual physician practice still benefits from its own productivity increases in excess of economy-wide productivity increases. This means each individual physician practice is allowed to reap the rewards of having high productivity. Thus, it is both technically correct and fair to both providers and payers to adjust the MEI input prices by economy-wide productivity increases.

#### *Result of Evaluation of Comments*

As proposed, we rebased the MEI to 1996. We used the same data sources (for base year weights and price proxies) and methodology as explained in the June 5, 1998 proposed rule. The percent change in the MEI for CY 1999 is 2.3 percent.

### **III. Implementation of the Balanced Budget Act**

In addition to the resource-based practice expense relative value units, BBA provides for revisions to the payment policy for drugs and biologicals, includes a provision allowing private contracting with Medicare beneficiaries, institutes payment for outpatient rehabilitation services based on the physician fee schedule, and changes the policy for nonphysician practitioners and for teleconsultations.

#### *A. Payment for Drugs and Biologicals*

Before January 1, 1998, drugs and biologicals not paid on a cost or prospective payment basis were paid based on the lower of the estimated acquisition cost (EAC) or the national average wholesale price (AWP) as reflected in sources such as the Red Book, Blue Book, or Medispan. (For purposes of this discussion, we will use the term "drugs" to refer to both drugs and biologicals). Examples of drugs that are paid on this basis are drugs furnished incident to a physician's service, drugs furnished by pharmacies under the durable medical equipment (DME) benefit, and drugs furnished by independent dialysis facilities that are not included in the end-stage renal disease (ESRD) composite rate payment.

Section 4556 of BBA established payment for drugs not paid on a cost or prospective payment basis at the lower of the actual billed amount or 95 percent of the AWP, effective January 1, 1998. In this final rule, we are revising the current regulations at § 405.517 to conform to this statutory change. This regulation is removing the EAC and provide for payment at the lower of the actual charge on the Medicare claim or 95 percent of the AWP.

Also, we are revising the method of calculating the AWP. Our current regulations provide that, for multiple-source drugs, the AWP equals the median AWP of the generic forms of the drug. The AWP of the brand name products is ignored on the presumption the brand AWP is always higher than the generic AWP. While this may have been true when the policy was first promulgated, it is not always true now. Therefore, the AWP for multiple-source drugs would equal the lower of the median price of the generic AWP or the lowest brand name AWP.

*Comment:* We received some comments on the proposed methodology for determining the AWP in the case of multi-source drugs. Some commenters suggested we use the average AWP instead of the median AWP. Others objected to the use of the lowest brand AWP saying that in all cases all AWP, both generic and brand, should be used. One commenter stated that the law does not distinguish brand AWP from generic AWP; therefore, we should not make this distinction.

*Response:* We agree that the law does not define the term "average wholesale price," and, therefore, does not distinguish brand AWP from generic AWP or average versus median price. However, we believe it is within our general authority in implementing the statute to define terms that do not have explicit statutory definitions. We believe that when there is an array of charges, the median is an appropriate measure of central tendency. This is consistent with many other areas of the program in which the median is used. With respect to distinguishing between brand and generic AWP, as we stated in the final rule titled "Medicare Program; Fee Schedule for Physicians' Services (BPD-712-F)," published in the **Federal Register** on November 25, 1991 (56 FR 59502), when this policy was promulgated, the brand AWP was believed to be always greater than the generic AWP (56 FR 59507). Now there is evidence from the Office of Inspector General (OIG) in its report titled "The Impact of High-Priced Generic Drugs on Medicare and Medicaid" (OEI-03-97-00510) that this is no longer true. From a series of OIG reports spanning the past 10 years, it is clear that the AWP is higher than the amount typically paid for drugs by physicians who bill the program. It is also true that when a brand AWP is lower than the median generic AWP, typically there are also other generic AWP that are as low as or lower than this brand AWP. We believe, therefore, that the payment allowance resulting from this methodology will be adequate.



*Comment:* Some commenters objected to a payment allowance of less than the AWP. One commenter alleged that not all physicians can buy drugs at less than retail prices. Another commenter stated that only large physician practices can obtain bulk purchase discounts. Another commenter suggested that we monitor access to drugs. Another suggested that we study actual acquisition costs before implementing the limit of 95 percent of AWP. Two commenters stated that physicians should not be burdened with maintaining price controls or cost containment or tracking the prices of drugs. Physicians should only be responsible for choosing the best drug and not be responsible for the cost of the drug. Furthermore, if physicians are not paid sufficiently for the drugs they now inject, they will stop injecting drugs and refer patients to the hospital instead. This will cost the program much more.

*Response:* First, the law now requires that the Medicare program limit its payment allowance to 95 percent of the AWP. Furthermore, there are numerous reports by the OIG over the past 10 years showing that significant discounts from the AWP are common and are not related to bulk purchases. In the absence of evidence to the contrary of the OIG findings, we believe it is reasonable to set the payment limit as we have proposed. With respect to the comment that physicians will refer patients to hospitals for injections, we believe that for the reasons stated and because payment for outpatient hospital services will be changed to a prospective payment basis, this will not occur.

*Comment:* One commenter stated that our definition of "brand" should be "the product of the innovator company." The commenter objected to considering other manufacturers' products that are marketed under a proprietary name other than the generic chemical name of the drug as a "brand."

*Response:* Our definition of "brand" is any product that is marketed under a name other than the generic chemical name of the drug. If a manufacturer chooses to market its product under a proprietary name rather than the generic chemical name of the drug, we believe this is a brand. We do not limit the definition of "brand" to the innovator company product or any product manufactured under a direct license from the innovator. Furthermore, we believe that it is an unreasonable administrative burden to require our contractors to determine which of the thousands of AWP's they must look up, to also determine which of those are innovator drugs or licensed by the innovator company.

*Comment:* Two commenters supported our proposal stating that our proposal was consistent with the statute.

*Response:* We agree with this comment.

*Comment:* A commenter stated that radiopharmaceuticals are drugs, but because of their unique nature they do not have AWP's. Therefore, the commenter recommended that we pay for radiopharmaceutical drugs at the billed amount.

*Response:* We agree that radiopharmaceutical drugs do not have AWP's, and, therefore, require a different pricing methodology. However, we do not agree that these drugs should be paid at the amount billed to the program. Currently, our contractors determine an allowance for these drugs that is reasonable in light of prices paid by physicians who use them. We will continue this policy of local pricing by our contractors.

*Result of evaluation of comments:* We are adopting our proposal with further clarifications. The Medicare allowed charge for drugs and biologicals is the lower of 95 percent of the median generic AWP or 95 percent of the lowest brand AWP. A "brand" product is defined as a product that is marketed under a labeled name that is other than the generic chemical name of the drug or biological. The allowed charge for drugs and biologicals that do not have an AWP is determined by the local Medicare contractor considering the prices paid by physicians and suppliers who use them.

#### *B. Private Contracting with Medicare Beneficiaries*

Section 4507 of BBA 1997 amended section 1802 of the Act to permit certain physicians and practitioners to opt-out of Medicare and to provide through private contracts services that would otherwise be covered by Medicare. This rule conforms the regulations to sections 1802(b) and 1862(a)(19) of the Act. In addition, this rule contains ancillary policies that we believe are necessary to clarify what it means when a physician or practitioner "opts-out" of Medicare, and to otherwise effectuate the Congress' intent in enacting section 4507 of BBA 1997.

The private contracting provision is effective for private contracts entered into on, or after, January 1, 1998. We implemented private contracting through a series of operating instructions for Medicare carriers and information that carriers were instructed to provide to physicians and practitioners.

The Medicare claims submission and private contracting rules apply only when a physician or practitioner furnishes Part B Medicare-covered services to a beneficiary who is enrolled in Medicare Part B. The private contracting rules do not apply to individuals who have only Medicare Part A, to individuals who are age 65 or over but who do not have Medicare, or to services that Medicare does not cover.

#### **General Issues**

##### *State of Law Before Section 4507 of the BBA*

*Comment:* Some commenters disagreed with our view that private contracting is not valid except as specified in section 4507 of the BBA. They believed that section 1848(g) of the Act does not preclude private contracting. In addition, they believed that the claims submission requirements apply only to "services for which payment is made" under the fee schedule and, therefore, by definition, do not apply if no claim is submitted.

*Response:* We continue to believe that under the Act, private contracts between beneficiaries and physicians or practitioners are not enforceable unless they meet the requirements of section 4507 of the BBA. The mandatory claims submission rules of section 1848(g)(4) of the Act specify that: "For services furnished on or after September 1, 1990, within 1 year after the date of providing a service for which payment is made under this part on a reasonable charge or fee schedule basis, a physician, supplier or other person (or an employer or facility in the cases described in section 1842(b)(6)(A))—

- (i) Shall complete and submit a claim for such service on a standard claim form specified by the Secretary to the carrier on behalf of a beneficiary, and
- (ii) May not impose any charge related to completing and submitting such a form."

Because there must be a claim to Medicare before payment can be made, the meaning of the phrase ". . . for which payment is made on a reasonable charge or fee schedule basis . . ." (emphasis added)" must be to define the universe of claims to which the mandatory claims submission rules apply as being those services for which Medicare makes payment on a fee schedule or reasonable charge basis once a claim is submitted. The only exceptions the law provides to the mandatory claims submission rules are those found in the private contracting provisions of section 1802(b) of the Act and those implied by the phrase "on



behalf of the beneficiary." In addition, one cannot omit the word "basis" and argue that the claims submission requirement applies only to services for which "payment is made under this part on a reasonable charge or fee schedule." The word "basis" has meaning and was specifically included because it defines a universe of services to which the provision applies. The clear intention of the claims submission provision is to apply to all services for which payment is made under part B on a reasonable charge or fee schedule *basis*, but not to include services for which payment is made under part B on a reasonable cost basis (for example, hospital outpatient department services).

The phrase "... for which payment is made ..." cannot, as commenters contend, mean that the mandatory claims submission rules apply only if payment is actually made in an instant case. That reading would mean the mandatory claims rules would never apply where no payment was made because of the absence of a submitted claim, rendering the mandatory claims provision meaningless.

Moreover, the limiting charge rules of section 1848(g)(1)(A) of the Act establish explicit limits on the charges of a nonparticipating physician or nonparticipating supplier or other person who does not accept payment on an assignment-related basis for a physician's services furnished to an individual who is enrolled in Part B. The only exception to these limits is that found in the private contracting provisions of section 1802(b) of the Act.

*Comment:* Commenters disagree that the limiting charge applies in the absence of a claim. They believe that if the claims submission rule can be waived by the beneficiary, then the limiting charge rule can also be waived by the beneficiary.

*Response:* As noted above, there is specific language in section 1848(g) of the Act that indicates that the physician, supplier, or other person must submit the claim "on behalf of the beneficiary." In contrast, there is no language included in the flat prohibition in section 1848(g)(1)(A)(i) of the Act against nonparticipating physicians, suppliers, and other persons charging more than the limiting charge. For these reasons, we believe that we have no discretion to waive the limiting charge, except when the criteria established by section 4507 of the BBA are met.

Participating physicians, suppliers, and other persons who have agreed to always take assignment on claims for Medicare covered services, and nonparticipating physicians, suppliers, and other persons who take assignment,

have also implicitly agreed to submit claims because one cannot take assignment on a claim unless one submits a claim. Moreover, because taking assignment means agreeing to accept Medicare allowed amounts as payment in full for covered services, they have also voluntarily agreed not to collect more than deductibles and coinsurance from all patients they see. For these reasons, signing a participation agreement, or accepting assignment by a nonparticipating physician, precludes private contracting outside of section 4507 of the BBA.

*Claims for services that are not reasonable and necessary according to Medicare standards*

*Comment:* Commenters asked that we clarify that there is no limit on the amount physicians and practitioners may charge beneficiaries when services furnished are denied as not reasonable and necessary, and the physician or practitioner has provided the advance beneficiary notice (ABN). Some commenters also asked that we clarify that when an ABN is provided, there is no private contract. They indicated that some physicians and practitioners are refusing to furnish non-covered services to beneficiaries, because they believe that giving an ABN will compel them to opt-out of Medicare.

*Response:* When a physician or practitioner furnishes a service that does not meet Medicare's criteria for being reasonable and necessary, and the physician or practitioner has furnished the beneficiary with an ABN that advises the beneficiary that for this reason there is a likelihood of denial of the claim by Medicare, there are no limits on what the physician or practitioner may charge the beneficiary. An ABN that states that the physician or practitioner believes that the service will not be covered by Medicare is not a private contract. The act of providing an ABN does not then require that the physician or practitioner opt-out of Medicare so that he or she avoids being at risk of having a penalty assessed for a limiting charge violation. Hence, physicians and practitioners should not hesitate to furnish services to Medicare beneficiaries when the physician or practitioner believes that those services are in accordance with accepted standards of medical care, even when those services do not meet Medicare's particular and often unique coverage requirements.

*Beneficiaries in Medicare risk HMOs and Medicare+Choice organizations*

*Comment:* Some commenters wanted us to reaffirm that a physician or

practitioner may charge without regard to the limiting charge, when he or she furnishes a service to a beneficiary who is enrolled in a Medicare risk plan and the plan will not pay for that service. In addition, we were requested to address what happens in situations in which the beneficiary appeals the denial of the service and the Medicare risk plan subsequently agrees to pay the claim. Commenters asked that we define what is meant by "covered services," for purposes of physicians and practitioners being able to charge Medicare risk plan or Medicare+Choice (M+C) organization enrollees more than the Medicare fee schedule, without having the physician or practitioner opt-out of Medicare for services not covered by the plan or the M+C organization.

*Response:* When a Medicare beneficiary enrolls in a Medicare risk plan (either currently under section 1876 of the Act or after January 1, 1999, under the M+C program), that beneficiary has Medicare coverage only to the extent that the services are covered under the risk plan according to the plan's rules for coverage. A risk plan may deny payment for a service if the beneficiary has not abided by the rules for coverage of care under the risk plan. (Examples of non-adherence to the plan's rules could be a beneficiary acquiring care without the required plan prior authorization, or acquiring care from a non-network physician if coverage is limited to network physicians.) In that situation there is no plan coverage of that service and the beneficiary is fully liable for the payment of the service, even when payment would have been made under original Medicare if the beneficiary were not in the risk plan. In these types of situations, the physician or practitioner may charge the beneficiary without regard to the limiting charge for the service furnished, and no claim need be submitted for the non-covered service. A private contract is not needed and the physician or practitioner need not opt-out of Medicare.

We would caution, however, that if the beneficiary seeks plan payment and the plan pays for the service, either initially or on appeal, then the physician or practitioner is entitled to receive no more than the amount he or she would have received under original Medicare. An adjustment would then have to be made to ensure that the beneficiary received a refund for any amount in excess of the Medicare allowed amount (if the physician participates in original Medicare) or the Medicare limiting charge (if the physician does not participate in original Medicare).



### *Application to Medicaid*

*Comment:* A commenter wanted us to revise the final rule to specify that a physician or practitioner who opts-out of Medicare may not bill Medicaid for services he or she furnishes to individuals who are enrolled in both Medicare and Medicaid.

*Response:* There is nothing in section 4507 of the BBA that prohibits either dually eligible Medicare and Medicaid beneficiaries, or Medicare providers, from entering into a private contract, or that prohibits these providers from billing Medicaid for Medicaid covered services.

### *Excluded physicians and practitioners who opt-out*

A physician or practitioner may be excluded from Medicare by the Office of Inspector General (OIG) for violations of the law according to sections 1128, 1156, and 1892 of the Act. An excluded physician or practitioner may not furnish, order, prescribe, or certify the need for Medicare-covered items and services (except as permitted in 42 CFR 1001.1901) for the term of the exclusion. A physician or practitioner must request and be granted reinstatement by the OIG before billing Medicare.

*Comment:* A commenter asked that we not permit excluded physicians and practitioners to opt-out. She believes that we need to clarify the relationship between opting-out and being excluded. She believes that if we permit excluded physicians and practitioners to opt-out, all the rules that apply to excluded physicians and practitioners can and should apply to physicians and practitioners who have opted-out. For example, excluded physicians cannot order covered services. Commenters also wanted us to agree that a private contract entered into by an excluded physician or practitioner would be recognized by us and the Office of the Inspector General as a notice to the beneficiary that the physician or practitioner is excluded, because the private contract must say whether the physician or practitioner is excluded.

*Response:* Section 1802(b)(2)(B) of the Act says, "[s]uch contract shall also clearly indicate whether the physician or practitioner is excluded from participation under the Medicare program under section 1128." We have interpreted this to mean that, although excluded physicians can enter into private contracts, they must not only indicate their excluded status through the contract, but also still abide by the terms of their sanction under section 1128 of the Act. Practically speaking, this means that excluded physicians or

practitioners may file affidavits and enter into private contracts, but that all the provisions of section 1128 of the Act and regulatory requirements pertaining to section 1128 of the Act, such as per-encounter issuances of ABNs, must still apply. Further, although section 1802(b)(2)(B) of the Act specifically mentions exclusions under section 1128 of the Act, the Secretary also has authority to exclude physicians and practitioners under sections 1156 and 1892 of the Act for the reasons specified therein. We believe it was Congress's intent to require clear notice of any exclusion, regardless of the specific statutory basis for it, in the contract with the beneficiary. Therefore, we have added language to §§ 405.415 and 405.425 to require a physician or practitioner provide clear notice of any exclusion, be it under section 1128, 1156, or 1892 or any other provision of the Act. We have also added language to § 405.440 to make clear that excluded physicians and practitioners are bound by the standards in 42 CFR § 1001.1901 for obtaining Medicare payment for emergency or urgent care services.

### *Grandfathering of physicians and practitioners who already opted-out*

*Comment:* Commenters requested affirmation that the physicians and practitioners who have already opted-out will not have to file either revised affidavits or revised private contracts to meet the new standards contained in these regulations.

*Response:* We agree. These regulations are effective for private contracts entered into on or after January 1, 1999, and for affidavits submitted to carriers on or after January 1, 1999.

The provisions of section 4507 of the BBA were effective for private contracts entered into on or after January 1, 1998. We have therefore implemented the provisions of section 4507 of the BBA through operational instructions. Specifically, we issued Medicare program memoranda to implement the law in November 1997, January 1998, April 1998, July 1998. Medicare carriers have provided the information in these documents to all physicians and practitioners as they were released throughout the year. If physicians and practitioners submit affidavits in accordance with these program memoranda before January 1, 1999, they have opted-out of Medicare for the 2-year opt-out period, and need not submit revised affidavits to comply with the regulations. Similarly, when they have entered into private contracts with Medicare beneficiaries before January 1, 1999, they need not revise the private

contracts or have beneficiaries sign second private contracts.

*Comment:* Commenters requested that physicians and practitioners who have opted-out before the regulations take effect, be provided with an opportunity to terminate their opt-out within 90 days of the date the new rules are effective, under the terms of early termination of opt-out.

*Response:* We agree. We have provided a special one time 90-day early termination opportunity for physicians and practitioners who opted-out during 1998, and who are willing to terminate their opt-out by complying with the requirements of §§ 405.445(b) (3) and (4) and 405.445(c).

### *Charitable care*

*Comment:* Commenters indicated that physicians and practitioners should be permitted to opt-out of Medicare to do charitable care. They believed that because currently physicians and practitioners must collect deductible and coinsurance, they can be found to have made an illegal remuneration if they do not. They believed that the deductible and coinsurance are a financial burden for beneficiaries who do not have Medicaid. In addition, they believed that physicians and practitioners should be able to privately contract on a patient-by-patient basis, when they choose to offer free services to Medicare patients in need of those services.

*Response:* A physician or practitioner need not opt-out of Medicare to furnish services for which they do not charge, nor need they opt-out when either the deductible or coinsurance or both are waived because of indigence. Under current law, regulations, and instructions, nothing prevents a physician or practitioner from not charging a beneficiary for medical services. Moreover, longstanding Medicare policy permits physicians and practitioners to waive Medicare deductibles and coinsurance, when the physician's or practitioner's analysis of the beneficiary's financial information leads him or her to believe that collecting either the deductible or coinsurance or both would impose a hardship on the beneficiary. This policy has long been stated in Medicare Carrier Manual section 5220, and was stated as a permitted exception to the prohibition on the waiver of the deductible and coinsurance in section 231(h) of Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191).

However, the commenter is correct that the provision of free services can become problematic in some cases, as



for example, when a charge is not made as an inducement for the beneficiary to return for covered services, or as an inducement for the beneficiary to provide referrals. The commenter is also correct that indigence is the only explicitly permitted basis for waiver of either the deductible or coinsurance or both.

#### **Definitions (§ 405.400)**

##### *Beneficiary*

*Comment:* Commenters wanted the definition of "beneficiary" clarified to indicate that it applies only to individuals who are enrolled in original Medicare and does not apply to individuals who are enrolled in Medicare risk plans, or, after January 1, 1999, the M+C organizations.

*Response:* We have not made this change. The commenters are under the mistaken impression that a physician or practitioner may opt-out of original Medicare, but continue to be paid by an M+C organization for Medicare-covered services furnished to a beneficiary who is enrolled in an M+C organization. Instead, under the law and as specified in these regulations at § 405.220, a physician or practitioner who opts-out of Medicare may not provide services for which payment is made by Medicare, including where payment is made to the physician or practitioner by an M+C organization for services to a Medicare beneficiary enrolled in such an organization.

##### *Emergency care services*

*Comment:* Some commenters raised the question of whether we would use the "prudent layperson" definition of emergency medical condition of § 422.2, instead of the provider agreement definition of the term at § 489.24. The commenter believed that the "prudent lay person" definition is preferable.

*Response:* We agree. In order to give both beneficiaries and physicians and practitioners the greatest protection and flexibility in medical decision-making, we have decided to adopt the more inclusive "prudent layperson" standard of § 422.2, which was recently published as part of the M+C regulations at 63 FR 34968.

##### *Legal representative*

*Comment:* Some commenters objected to permitting a beneficiary's "legal representative" signing a private contract, because the law makes no provision for this action. They believed the regulations should permit no one but the beneficiary to sign a private contract.

*Response:* We permit a beneficiary's legal representative to sign a private

contract so that beneficiaries who have legal representatives will not be treated differently than beneficiaries who do not have legal representatives. We can foresee a situation in which the legal representative of a beneficiary believes that signing a private contract that allows the physician or practitioner to furnish care would be in the beneficiary's best interest, and, we believe that, if legal representatives have the right to do so under applicable State law, they should not be precluded from doing so by Medicare regulations.

*Comment:* Some commenters stated that the proposed definition of "legal representative" is too restrictive. These commenters believed that we should define a "legal representative" to be any person permitted by State law to make health care decisions on behalf of the beneficiary. They believed that we defer to State law under the M+C rules, and that there is no reason to make a different rule for private contracting.

Some commenters requested that the definition of "legal representative" be expanded to include any person who would be willing to pay the beneficiary's bill, as, for example, family members. Some commenters stated that we should not define "legal representative" or use the term. Rather we should state that the private contract must be recognized under State law as a legally binding contract on the beneficiary, thereby letting the State determine when someone other than the beneficiary may sign it.

Some commenters indicated that the definition is not clear and should be revised. They wanted the revision to reflect differences in State law, or differences in the scope of the court order that appointed the beneficiary's legal guardian, by defining "legal representative" as "the beneficiary's court-appointed surrogate (guardian, conservator or other State law terminology) who has authority to enter into a contract for health care services. Some commenters indicated that the regulation should be revised to clarify that the "legal representative" accepts responsibility for making payment from the beneficiary's financial resources or from the beneficiary's estate, but is not responsible for making payments using the legal representative's personal funds. In addition, commenters wanted the regulation to clarify that the legal representative is not personally liable for the beneficiary's bills.

Commenters also indicated that the party who can make health decisions may not be the same party who can make financial decisions. These commenters believed that private contracting involves both health and

financial decisions, and, thus, that both parties should have to consult and agree before any one party enters into a private contract on behalf of a beneficiary.

*Response:* We believe that the question of who should be allowed to enter into a private contract should be determined in accordance with State law. Therefore, we have changed the definition of legal representative as specified in § 405.400 to be: "one or more individuals who, as determined by applicable State law, has the legal authority to enter into the contract with the physician or practitioner on behalf of the beneficiary."

*Comment:* One commenter requested that the regulation require that the court order or power of attorney document establishing a "legal representative" be attached to the contract.

*Response:* We leave this matter to the States to regulate in accord with their applicable contract and agency laws.

##### *Physician*

*Comment:* Some commenters wanted optometrists to be able to opt-out.

*Response:* Section 1802(b)(5)(B) of the Act defines a physician according to the definition given in section 1861(r)(1) of the Act, which defines a physician as a doctor of medicine or osteopathy. For the purposes of opting-out and private contracting, the Congress did not define the term physician to mean the many other types of health care professionals as listed in section 1861(r)(2) through (5) of the Act. Optometrists are included in the definition only at section 1861(r)(4) of the Act.

#### **General Rules (§ 405.405)**

##### *Two-year opt-out period*

*Comment:* Many commenters objected to the requirements that when a physician or practitioner opts-out of Medicare, he or she must agree to sign private contracts with all Medicare beneficiaries, for all services furnished to Medicare beneficiaries for 2 years (other than emergency and urgent care services). These commenters believed that the 2-year requirement transforms private contracting from a vehicle for maximizing patient choice and access to services, into a barrier to the acquisition of services by the patient from the physician or practitioner of the patient's choice.

*Response:* The statute specifies that, in order to privately contract, the physician or practitioner must file an affidavit with Medicare. In the affidavit he or she must agree to enter into private contracts with Medicare beneficiaries (except in the case of those



who require emergency or urgent services) for 2 years.

*Effect of opt-out that occurs during a continuum of care*

*Comment:* Commenters asked that we clarify the effect of private contracting when the beneficiary is in a continuum of care that overlaps the opt-out period. For example, what will happen when a beneficiary is in the midst of a course of chemotherapy and the physician chooses to opt-out?

*Response:* When a Medicare beneficiary is in a continuum of care such as a course of chemotherapy and the physician chooses to opt-out of Medicare, the beneficiary may either privately contract with the physician, or the beneficiary may acquire the remainder of the care from a physician who has not opted-out of Medicare. If a physician or practitioner has opted-out of Medicare by filing an affidavit with the carrier, then he or she must enter into a private contract with every beneficiary to whom he or she furnishes care, except in situations where the beneficiary requires emergency or urgent care.

**Conditions for Properly Opting-Out of Medicare (§ 405.410)**

*Advance notice of opt-out*

*Comment:* A commenter requested that we require that physicians and practitioners give 60 days advance notice of their intention to opt-out. For nonparticipating physicians, this would be 60 days prior to filing the affidavit. For participating physicians, this would be 60 days before the calendar quarter in which their opt-out becomes effective. The notice would be given to beneficiaries treated by the physician or practitioner within 3 years, and to new beneficiaries with pending appointments.

The commenter knew of cases where beneficiaries traveled long distances for medical services without having been informed that the physician or practitioner had opted-out. Then, after arriving for the appointment, the beneficiaries had to leave without receiving the needed medical services, because they could not afford to enter into a private contract. According to the commenter, the beneficiaries in these cases suffered anxiety, distress, expense, and a delay in receiving the needed medical services. Those negative consequences could have been avoided if the beneficiaries had been advised, at the time the appointment was made or earlier, that the physicians had opted-out of Medicare. The commenter believed that the absence of advance

notice leaves beneficiaries subject to duress in the physician's or practitioner's office.

*Response:* We have not imposed an advance notice requirement for physicians and practitioners who opt-out. We do not believe that kind of requirement is warranted. Moreover, the 60-day advance notice the commenter requested may cause physicians and practitioners to refuse to provide services during those 60 days, possibly resulting in the delay of needed medical services.

However, we hope that organizations will encourage member physicians and practitioners who have opted-out to notify the Medicare beneficiaries to whom they provide care as soon as possible after they file the affidavit. We also hope that these physicians or practitioners require that their office staff advise beneficiaries, at the time the beneficiary makes an appointment, that the physician or practitioner has opted-out of Medicare. Advance notice would spare beneficiaries the inconvenience, anxiety, duress, and delay in receiving needed medical services that might otherwise occur if they cannot enter into the private contract.

There are also significant administrative and good will advantages to the physician or practitioner of these notices. Advance notices will prevent the beneficiary from being surprised and possibly upset or angry in the office. Moreover, they will minimize the ill will that may occur if the beneficiary is asked to enter into a private contract at the time of the appointment as a condition of seeing the physician or practitioner, without being given advance notice. In addition, an advance notice will minimize the chance that beneficiaries will leave without having received the needed services, and result in an avoidable loss of income and time for the physician or practitioner.

We also hope that beneficiary organizations will encourage beneficiaries when they make an appointment to seek out information on whether they will need to sign a private contract before seeing a physician or practitioner. Then, the beneficiary could make a thoughtful and careful decision, in an environment less stressful than the physician's or practitioner's office.

Although we hope that the physician and practitioner communities will cooperate to provide an appropriate advance notice, we are concerned about the scenarios presented by the commenter and will continue to consider whether further guidance is needed.

*Notice of change in participation status*

*Comment:* A commenter indicated that there should be a mechanism for beneficiaries who have not signed private contracts, to be notified when they receive either emergency or urgent care services from an opt-out physician or practitioner who participated in Medicare before opting-out (and cannot sign a private contract at that time), that the physician or practitioner is now a nonparticipating physician or practitioner. That notification would benefit the beneficiary because the beneficiary's financial liability for those services will rise as a result of the change in the Medicare status of the physician or practitioner.

*Response:* We believe that this recommendation is an impractical burden to impose on physicians and practitioners, and is of little value to the beneficiary who needs emergency or urgent care services. When a beneficiary needs emergency or urgent care services, he or she probably does not have the alternative to seek care from a participating physician.

*Signage*

*Comment:* A commenter asked that we require that physicians and practitioners who opt-out to post a sign in a conspicuous space in his or her office in 5-inch type, stating that the physician or practitioner has opted-out of Medicare. Then beneficiaries will know when they enter the office that they will be required to sign a private contract to acquire non-emergency or urgent care services.

*Response:* We have not adopted this suggestion. As noted earlier we hope the physician and practitioner communities will cooperate to provide an appropriate advance notice to beneficiaries. We believe that a sign such as the commenter recommends would provide little or no value to the beneficiary who has already come to the physician or practitioner's office, and is about to be asked to enter into a private contract.

*Relationship of opt-out physicians and practitioners to beneficiaries who do not enter into private contracts*

*Comment:* A commenter asked that §§ 405.410 and 410.420 be revised to include an affirmative prohibition that physicians or practitioners cannot furnish an item or service to any beneficiary who has not privately contracted. The commenter believed that it should also be a condition to properly opt-out and maintain opt-out so that, if the physician or practitioner does not privately contract, the penalties of § 405.435(b) would be invoked.



*Response:* We have revised § 405.435 to specify that when a physician or practitioner who has opted-out fails to enter into a private contract (except in emergency or urgent care situations), he or she has failed to maintain opt-out. Therefore, where an opt-out physician or practitioner fails to enter into a private contract (except in emergency or urgent care situations), he or she will be subject to the penalties in that section for failure to maintain opt-out. We believe that this change addresses the commenter's concerns, and that changes to §§ 405.410 and 405.420 are not useful.

#### *Timing of opt-out by participating physicians*

*Comment:* Some commenters believed that participating physicians should be allowed to opt-out at any time after they provide sufficient advance notice. These commenters did not believe that participating physicians should have to await the beginning of a calendar quarter to be able to opt-out. Other commenters believed that physicians should only be permitted to opt-out during the standard participating physician enrollment period. They argued that permitting participating physicians to opt-out on a quarterly basis, and permitting nonparticipating physicians to opt-out at any time, leaves beneficiaries with too little time to find another physician or practitioner if theirs chooses to opt-out.

*Response:* We have decided to make no changes to the conditions regarding the timing of the opt-out period, either to permit opt-out by participating physicians at will, or to permit opt-out only during the participation enrollment period. Medicare carriers must make systems changes to permit participating physicians to opt-out, and, thereby, become nonparticipating physicians in the middle of the year, in such a way that they do not reduce Medicare payments for services furnished during the part of the year that they had a participation agreement in effect.

Medicare has a longstanding policy of making systems changes no less often than on a quarterly basis. The quarterly opt-out for participating physicians is designed to accommodate that schedule, while simultaneously permitting participating physicians to opt-out without having to await the annual participation enrollment or disenrollment period. The law does not link the opt-out election to the annual participation period and, therefore, we do not preclude participating physicians from opting-out only during that period.

#### *Whether a carrier should send a return receipt to a physician or practitioner that submitted an affidavit*

*Comment:* A commenter wanted carriers to be required to send a return receipt verifying the accuracy and acceptance of the affidavit. The commenter believed that procedure will eliminate problems with lost mail or an incorrect affidavit, and reduce the incidence of physicians and practitioners not properly opting-out and later finding themselves in trouble for having failed to properly opt-out.

*Response:* Our experience with those physicians and practitioners who have opted-out, indicates that there have been no notable problems with lost mail or incorrect affidavits. Hence, we do not believe that there is sufficient justification at this time for requiring the carrier (and the Medicare program) to incur the costs associated with sending return receipts to the physician or practitioner.

#### *Impact of changes in carrier jurisdiction*

*Comment:* A commenter asked that we address how carrier terminations and replacements will affect the opt-out status of physicians and practitioners. Specifically, the commenter wanted to know if the physician or practitioner needs to again file the affidavit with the carrier that is taking over the jurisdiction.

*Response:* Physicians and practitioners who have filed affidavits opting-out of Medicare will not need to refile when a carrier is replaced by a new carrier. The information will be transferred from the existing contractor to the new contractor, as part of the systems and records transition process.

#### *Requirement to submit affidavits to all carriers*

*Comment:* Commenters objected to the requirement that the physician or practitioner must submit affidavits to all carriers to which he or she has submitted claims in the past 2 years. They believed that this is a burdensome requirement that will become more so as there are more M+C organizations. Commenters also believed that this requirement is particularly burdensome for physicians and practitioners in States that have a lot of "snowbirds." They asked whether the physician or practitioner must submit an affidavit to each carrier to which they would send claims. A commenter requested that there should either be a standard form that contains all addresses, or the affidavit should be submitted to us for distribution to all carriers.

*Response:* We do not believe that this requirement is burdensome. The

submission of an affidavit is done no more than once every 2 years, and requires simply mailing it to the addresses to which the physician or practitioner ordinarily sends claims. Physicians and practitioners already know to whom they have sent claims within the past 2 years, and this is the reason we proposed this standard.

We want to reinforce the importance of mailing the affidavits to the appropriate carriers. We have received many affidavits that were sent to the Secretary, rather than being sent to the physician's or practitioner's carrier. The result of the misrouting of the affidavits has been significant delays in the processing of these misdirected affidavits by carriers. Physicians and practitioners were instructed where to send the affidavit in the November 1997 "Dear Doctor" letter. That letter was sent to all physicians and practitioners who had submitted claims to Medicare within the previous year.

Moreover, the comments reflect several misunderstandings. First, the number of M+C organizations has no relationship to the number of affidavits to be filed, because an M+C organization is not a Medicare carrier. M+C organizations will acquire information on physicians and practitioners who have opted-out through mutually agreed upon arrangements with carriers.

Also, when a physician furnishes care to a Medicare beneficiary who lives much of the time in another State, the physician files the Medicare claim with the carrier that has jurisdiction over the claims for the services furnished in the physician's or practitioner's Medicare locality. For example, when a physician in Jacksonville treats a Medicare beneficiary who resides most of the time in Detroit, the physician files the claim with the carrier who processes claims for services furnished in Jacksonville, not with the carrier who processes claims for services furnished in Detroit. Hence, the physician would file the affidavit with the carrier for Jacksonville, not with the carrier for Detroit.

We recognize that this process could be more streamlined. Therefore, we are considering ways to simplify it for physicians, practitioners, carriers, and M+C organizations, and would welcome suggestions on this subject.

*Comment:* A commenter asked for specific guidance in the case of physicians and practitioners who have not filed claims with Medicare in the past 2 years.

*Response:* The physician or practitioner should file the affidavit with the carrier that has jurisdiction over claims for the services furnished in



the Medicare localities in which the physician furnishes services.

#### **Requirements of Private Contracts (§ 405.415)**

##### *Need for a model contract*

*Comment:* Some commenters wanted us to develop a model contract. They believed that it would help physicians and practitioners by ensuring that they maintain their opt-out status. They believed that a model contract would increase the probability that beneficiaries will understand the effects of the private contract.

*Response:* We agree. We plan to create boilerplate language that may be included with any other contractual document the physician or practitioner and beneficiary create. We plan to create boilerplate language as part of the development of manual instructions, after consultation with the physician, practitioner, and beneficiary communities.

##### *Wording of the private contract*

*Comment:* Commenters requested that we require that the wording of the private contract be plain and simple, and not reference law, regulations, or government instructions. They believed such references cause beneficiaries to cease reading documents.

*Response:* We agree that the wording of private contracts should be plain and simple. At the same time, a private contract is a binding legal document. Its purpose is to waive a beneficiary's right to have his or her government-sponsored insurance coverage pay for certain health services. It is unlikely that a sensible and intelligent contract on this issue could be developed without a reference to law or regulation. Therefore, we are not prohibiting inclusion of references to law and regulations because such references may be necessary. However, contracts could have references to law or regulations and still be in plain and simple language.

*Comment:* Commenters requested that we require that the private contract specify that the beneficiary does not forego Medicare coverage for the services furnished by other physicians or practitioners who have not opted-out. In addition, commenters requested that the private contract specify that the beneficiary is not compelled to enter into private contracts that apply to other Medicare-covered services.

*Response:* We believed that these concerns were addressed in § 405.415(g) of the proposed rule. However, because of this comment, we have revised § 405.415(g), adding that the beneficiary

must be advised that he or she is not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted-out. In addition, this and other terms a private contract should contain may be incorporated in boilerplate language that we plan to create after consulting with the physician, practitioner, and beneficiary communities. That boilerplate language could then be included as part of the private contract document.

*Comment:* Commenters requested that we require that the private contract contain wording that specifies that the private contract applies to all services by the opt-out physician or practitioner, including emergency and urgent care services, and that, therefore, Medicare will not pay for any services furnished by the opt-out physician or practitioner. Commenters indicated that this wording is needed, because many private contracts specify that the beneficiary will have to pay for certain services, wrongly implying that other services not identified in the contract will be paid by Medicare. If the beneficiary is misled by this wording, it increases the likelihood that he or she will sign the private contract without understanding the effect.

*Response:* We have revised § 405.415(c) to clarify that the private contract must state that the beneficiary understands that by signing the private contract, the beneficiary or his or her legal representative accepts full responsibility for payment of the physician's or practitioner's charge for all services furnished by the physician or practitioner. We will consider the exact language to be used in the private contract as part of the development of the boilerplate private contract language.

##### *Beneficiary's copy of the private contract*

*Comment:* Commenters asked how far in advance must the physician or practitioner give the beneficiary a copy of the private contract as required by § 405.415(l).

*Response:* Under § 405.415(l), we proposed that the beneficiary receive a copy of the contract before receiving any services under the contract, but we did not require that this occur a specific duration of time before services are furnished under the contract. We only proposed that the beneficiary be in possession of the private contract, or a copy of the private contract, by the time services under the private contract are furnished. This is consistent with the policy we have in place under the

interim operating instructions issued to carriers in November 1997, January 1998, April 1998, and July 1998.

##### *Duration of retention of the private contract*

*Comment:* Commenters requested that we require the opt-out physician and practitioner to retain the private contract for the duration of the longest statute of limitations in the relevant state jurisdiction, so it would be available to use in potential claims against the physician or practitioner. They believed that this would assist in settling disputes about whether a private contract was required.

*Response:* We proposed that the private contract be retained for the duration of the opt-out term to which it applies. However, we are aware that, for example, a particular physician's or practitioner's opt-out term may run from January 1, 1999 to December 31, 2001. In this example, a beneficiary could enter into a contract with that practitioner or physician in November 2001, and a dispute over the existence or validity of the contract could arise in January 2002. If the physician or practitioner disposed of the contract on December 31, 2001, the physician or practitioner would not have the contractual evidence in the subsequent dispute. However, because retention of the private contract would be to the practitioner's or physician's benefit, we believe that the contract would become part of the patient's permanent record. In addition, although the physician or practitioner might have disposed of his or her copy of the contract, the beneficiary should still have the copy of the contract the beneficiary was given when the beneficiary entered into the contract.

##### *Private contract type size*

*Comment:* Commenters indicated that they support the absence of specified requirements regarding size of the print in the private contract, but that the regulations should stipulate that the physician or practitioner and the beneficiary should reach mutual agreement on all aspects of the private contract.

*Response:* Implicit in the fact that both parties enter into a private contract is the notion that both parties have read, fully understand, and agree to the terms and provisions of the private contract.

#### **Requirements of the Opt-Out Affidavits (§ 405.420) Reassignment Implications**

*Comment:* Commenters wanted the proposed regulations to be revised to explicitly authorize continued reassignment of Medicare benefits for



services furnished by opt-out physicians and practitioners to community mental health centers (CMHCs). They believed that opt-out physicians and practitioners should be able to opt-out of Medicare for purposes of their private practices, but be able to remain in Medicare when they furnish services in other settings like CMHCs. That would allow the physician and practitioner to continue to furnish services to low income persons for which the CMHC could bill Medicare.

**Response:** We disagree. Under the law, when a physician or practitioner opts-out of Medicare, he or she signs an affidavit that promises that he or she will privately contract for all Medicare-covered services he or she furnishes to Medicare beneficiaries. Hence, the opt-out decision applies to all services furnished by the physician or practitioner, including those for which a CMHC bills and is paid by Medicare under a reassignment of benefits to the CMHC, a billing agent arrangement, or through an employment relationship. Except as discussed below, no payment may be made to the physician or practitioner or to the CMHC for the services of a physician or practitioner who has opted-out of Medicare.

The only exception occurs when a clinical social worker (CSW) who is recognized by Medicare as a practitioner provides services as part of a partial hospitalization program for which Medicare is paying the CMHC. In this case, the CMHC (and not the CSW) is the provider of a partial hospitalization service (not a CSW service) and the fact that the CSW opted-out of Medicare does not preclude payment for the partial hospitalization service.

#### *Identifying Information*

**Comment:** Commenters objected to the quantity of information that we proposed requiring in the affidavits. They believed that we have gone beyond what the law requires for the specific identifying information that must be provided. They requested that the proposed regulations be revised to require only a name, address, phone number, and one identifying number such as either the national provider identifier, the uniform provider identification number, or the tax identification number.

**Response:** We are sympathetic to these commenters concerns, but we believe that we have requested the minimum practical quantity of information be provided in the affidavit that we, and carriers, need to properly and uniquely identify opt-out physicians and practitioners. Given the possibility that a large number of

physicians or practitioners could opt-out of Medicare, the potential for having confusion among physician or practitioners with the same name or business address is significant. This is especially true when the additional factors such as the prevalence of the use of billing agents and reassignments are considered.

We need sufficient information to ensure that no entity is billing on behalf of an opt-out physician or practitioner. We also need sufficient information to identify persons who have never been involved in the Medicare program. In addition, and most importantly from the physician's or practitioner's standpoint, we need what some physicians and practitioners may believe to be duplicate information to ensure that we have correctly identified the opt-out physician or practitioner and have not incorrectly assumed that a physician or practitioner has opted-out.

#### **Failure to Properly Opt-Out (§ 405.430)**

##### *Difference Between Failing to Properly Opt-Out and Failing to Maintain Opt-Out*

**Comment:** Commenters asked that we clarify the difference between failing to properly opt-out (§ 405.430) and failing to maintain opt-out (§ 405.435).

**Response:** Failure to properly opt-out means failure to meet the criteria that change a physician's or practitioner's status, from a physician or practitioner who is bound by the Medicare claims filing rules and limits on charges (that is, participating or nonparticipating), to a physician or practitioner who is no longer bound by Medicare claims filing and limits on charges and must privately contract with Medicare beneficiaries (that is, an opt-out physician or practitioner). The effects of failing to properly opt-out as specified in § 405.435(b) are the same conditions that existed before the private contract provisions of section 4507 of the BBA were effective. These conditions continue to exist for all physicians and practitioners who do not properly opt-out by meeting all of the requirements of these rules. A physician or practitioner who has never filed an affidavit is bound by the rules in § 405.430(b) because he or she has not properly opted-out.

Failing to maintain opt-out means failure to continue to comply with the requirements of properly opting-out, but only after having properly opted-out. A physician or practitioner who has opted-out by meeting the requirements of § 405.410, but who fails to continue to meet one of the requirements specified in § 405.435(a), has failed to

maintain opt-out and is subject to the effects of § 405.435(b).

#### *Beneficiary rights when a physician or practitioner does not properly opt-out*

**Comment:** Commenters asked that we specify the beneficiary's rights when the physician or practitioner fails to properly opt-out. Specifically, are beneficiaries entitled to refunds for services furnished under private contracts? If the answer is yes, are the refunds based on Medicare rules, and does the pre-opt-out or post opt-out status (participating versus nonparticipating) control the payment?

**Response:** Beneficiary rights when a physician or practitioner fails to properly opt-out are specified in § 405.430(b). However, we realize that the proposed rule failed to indicate that a participating physician in Part B of Medicare who has not properly opted-out may not charge more than the deductible and coinsurance that applies to the service furnished because, in the absence of the physician properly opting-out of Medicare, the participation agreement to accept assignment on all claims continues to apply. We have made the relevant change to this section.

#### *Repeated attempts to opt-out*

**Comment:** Commenters asked us to clarify what happens when the physician or practitioner fails to properly opt-out. Does a participating physician have to wait until the next calendar quarter to properly opt-out? Commenters wanted the regulations to specify that all attempts to properly opt-out must meet the same criteria as if no opt-out attempt had occurred.

**Response:** A physician or practitioner who fails to properly opt-out continues to be bound by the Medicare claims filing and charge limit rules identified in § 405.430(b). However, he or she may make an unlimited number of attempts to properly opt-out at any time. We believe that the regulations are clear that the criteria for properly opting-out as specified in § 405.410 must be met for the physician or practitioner to opt-out.

#### **Failure to Maintain Opt-Out (§ 405.435)**

##### *Inclusion of failure to enter into a private contract as a failure to maintain opt-out*

**Comment:** Some commenters requested that the regulations specify that the failure of a physician or practitioner who has properly opted-out to privately contract with a beneficiary to furnish services, that are not emergency or urgent care services, is a failure to maintain opt-out. In those



cases, the commenters wanted the penalties for failure to maintain opt-out to apply.

*Response:* We agree and have revised § 405.435(a). Failure to enter into a private contract with a beneficiary who requires services that are neither emergency nor urgent care services is now a condition that results in the physician or practitioner failing to maintain opt-out as specified in § 405.435(a)(5). Commenters have provided information about situations in which physicians and practitioners who opted-out of Medicare failed to enter into private contracts with beneficiaries who did not need emergency or urgent care services. Those beneficiaries subsequently learned that they would be wholly liable for the physician's or practitioner's charges because they had opted-out of Medicare. We believe that failing to privately contract after promising to do so in the affidavit clearly violates the intent of the law. That intent, we believe, is to ensure that beneficiaries have entered into private contracts before they assume liability for payment of furnished services without regard to charge limits.

*Medicare payment when the beneficiary has not entered into a private contract*

*Comment:* Some commenters requested that we require that when the opt-out physician or practitioner fails to enter into a private contract before furnishing services that are not emergency or urgent care services, the beneficiary be reimbursed by Medicare. In addition, the physician or practitioner would have to refund to the beneficiary any amount in excess of the limiting charge. Commenters indicated that this would parallel longstanding policy in which Medicare pays the first claim submitted by an excluded physician or practitioner.

*Response:* We have revised § 405.435 to add failure to enter into a private contract as a failure to maintain opt-out. Under these provisions, the physician or practitioner would be required to refund amounts in excess of the charge limits under the limited terms described in § 405.435(b). Under those terms, where a carrier notifies a physician or practitioner that he or she appears to have failed to maintain opt-out, the physician or practitioner would have 45 days to respond to the carrier with the good faith efforts that he or she has taken to resolve the problem. In cases in which the physician or practitioner did not sign private contracts, those good faith efforts would have to include refunds to those beneficiaries of amounts in excess of the charge limits

(that is, the limiting charge for physicians, and deductible and coinsurance for practitioners). Where a carrier notified a physician or practitioner that there was an apparent failure to maintain opt-out and he or she did not respond within 45 days with an explanation of how the problem was or would be solved, the charge limits would apply after the 45th day, resulting in refund of excess amounts if any are collected for the remainder of the opt-out period. Where the physician or practitioner responded to the carrier notice and resolved the problem, no refunds would be required and the opt-out would continue unaffected.

In addition, we have added § 405.435(c), which specifies that payment may be made to beneficiaries in a similar manner as payment made to beneficiaries who receive services from physicians and practitioners who are excluded from Medicare by the Office of the Inspector General (OIG).

Under a longstanding exclusion provision at 42 CFR 1001.1901(c), payment may be made to a beneficiary who has not been notified of the physician's exclusion, for the first claim submitted by the enrollee. Payment to the beneficiary may also be made for services received by the beneficiary no more than 15 days after the date of the carrier's notice to the beneficiary that the physician has been excluded from Medicare. Therefore, in § 405.435(c), we have included similar provisions with respect to physicians and practitioners who have opted-out of Medicare, but failed to enter into private contracts before furnishing services that are not emergency or urgent care services.

We agree with the commenters that it is not fair to deny beneficiaries reimbursement for otherwise allowable services when they had no reason to believe that Medicare would not pay for the furnished services. We should point out, however, that as a practical matter, payment to the beneficiary will probably be made after denial of the beneficiary's claim and as part of the appeal process. In other words, the beneficiary's claim initially would be denied on the basis that the physician or practitioner opted-out. Should the beneficiary then appeal on the basis that he or she did not enter into a contract with the physician or practitioner, and should the physician or practitioner fail to produce documentation that there was a contract, the beneficiary's appeal would be allowed and the claim would be paid.

*Comment:* Commenters objected to any recovery of payment from the physician or practitioner when the physician or practitioner failed to

maintain opt-out, because he or she failed to enter into a private contract with the beneficiary before furnishing services that were not emergency or urgent care services.

*Response:* As discussed above, we have revised § 405.435 to define failure of an opt-out physician or practitioner to enter into a private contract as being a failure to maintain opt-out. When a carrier notifies an opt-out physician or practitioner that he or she appears to have failed to maintain opt-out by not entering into a private contract, he or she may continue to opt-out if he or she makes good faith efforts at fixing the problem that led to the failure to maintain opt-out and notifies the carrier of these efforts within 45 days of the carrier notice. When a physician or practitioner appears to have failed to maintain opt-out by not entering into a private contract with a Medicare beneficiary (except in emergency or urgent care cases), these good faith efforts should include refunding amounts collected in excess of applicable charge limits (that is, limiting charge for physicians and deductible and coinsurance for practitioners) to beneficiaries. Where the physician or practitioner makes good faith efforts to correct the problem he or she would not be subject to the consequences of failing to maintain opt-out. However, if he or she does not make good faith efforts to fix the problem that resulted in violating the opt-out, the consequences of § 405.435(b) would apply.

*Treatment of incidental failure to maintain opt-out*

*Comment:* Some commenters indicated that the first time the carrier becomes aware that a physician or practitioner failed to enter into a private contract before furnishing services that were not emergency or urgent care services, there should be a presumption that there was an isolated error. They believed in those cases that no adverse consequences should occur to the physician or practitioner. Some commenters stated that there should be a process for dealing with physicians and practitioners who demonstrate a pattern of failing to enter into private contracts with beneficiaries, before furnishing services that are not emergency or urgent care services.

*Response:* We agree that, as written, an isolated error causes the physician or practitioner to fail to maintain opt-out. We also recognize that isolated errors will occur and should not result in the consequences provided in § 405.435(b). We accommodated this concern in our operating instructions to carriers. Consequently, we have revised the



regulation at § 405.435(b). We have limited the effects of failing to maintain opt-out when the physician or practitioner has failed to maintain opt-out in accordance with the provisions of § 405.435(a), by failing to make a good faith effort to advise carriers regarding how they will correct violations of opt-out within 45 days of the date a carrier brings those violations to their attention. This change comports with the current operating procedures in place when a physician or practitioner submits a claim for Medicare payment in violation of the affidavit, in which he or she promised not to submit claims.

*Payment to physicians and practitioners when they fail to maintain opt-out*

*Comment:* Commenters indicated that it is unclear whether the physician or practitioner would be paid anything for the services they furnished if they fail to maintain opt-out. Commenters objected to what they view as provisions that prevent them from collecting more than the deductible and coinsurance if the physician or practitioner fails to maintain opt-out.

*Response:* Physicians and practitioners who have opted-out and who fail to maintain opt-out are not precluded from collecting payment from the beneficiary. But if they failed to privately contract with a beneficiary (other than in an emergency or urgent care case), they may have to refund amounts in excess of the applicable charge limits to those beneficiaries with whom they failed to privately contract in order to preserve their opt-out status.

Specifically, under § 404.435(b) when a physician or practitioner fails to maintain opt-out, he or she is given 45 days after a notice from the carrier to respond with a description of the good faith efforts that he or she has made to correct the problem that led to the failure to maintain opt-out. If the failure to maintain opt-out was caused by the physician's or practitioner's failure to privately contract with a beneficiary (other than one in need of emergency or urgent care), then the good faith efforts would include refunding to that beneficiary amounts collected in excess of the applicable charge limits (that is, the limiting charge in the case of physicians, and the deductible and coinsurance in the case of practitioners). If the physician or practitioner does not respond with a description of the good faith efforts taken to resolve the problem that led to the failure to maintain opt-out, then the provisions of § 405.435(b) apply after the 45th day after the carrier notice and the physician or practitioner become again required to submit claims

and are bound by the applicable charge limits (that is, the limiting charge in the case of physicians, and the deductible and coinsurance in the case of practitioners) for the rest of the opt-out period.

*Medicare inspection of private contracts*

*Comment:* Commenters stated that a very high threshold should be met before we are allowed to inspect private contracts. Commenters wanted the regulations to specify that we would be allowed to inspect private contracts only if the request is reasonable and does not interfere with the delivery of services. Commenters wanted the regulations to require that we obtain beneficiary consent before asking to see the private contract. Otherwise, they believed it is a violation of privacy. Some commenters indicated that when it is alleged that a physician or practitioner opted-out but did not enter into private contracts before furnishing services that are not emergency or urgent care services, settlement of the case should be on a case-by-case basis by the appeal process.

*Response:* We anticipate that we will request to see private contracts rarely, and only in cases where a beneficiary alleges that he or she did not enter into a private contract before the service was furnished. We anticipate we will have the consent of the beneficiary, or his or her legal representative, to acquire a copy of the private contract from the physician or practitioner who alleges that one was entered into, and that the contract will be requested as part of the processing of an appeal of a denial of a claim for services.

*Application of effects of failure to maintain opt-out*

*Comment:* Commenters objected to considering the provisions of §§ 405.435(a)(2), (3), and (4) to be a failure to maintain opt-out resulting in the adverse effects of § 405.435(b). Commenters believed that the statute provides for the adverse effects in § 405.435(b) only if the physician or practitioner who has opted-out submits a claim for Medicare payment. In addition, they believed that we have exceeded what the law permits by providing adverse consequences in these other cases:

- The physician or practitioner fails to use private contracts that meet the requirements of § 405.435(a)(2).
- The physician or practitioner fails to comply with the emergency and urgent care rules as specified in § 405.435(a)(3).

- The physician or practitioner fails to keep a copy of a private contract or fails to permit us to review contracts on request as specified in § 405.435(a)(4).

In these cases, commenters believed that nothing supports applying the penalties of § 405.435(b) for failing to maintain opt-out, and they objected that we do not apply the knowing and willful test in these cases.

*Response:* We believe that under general rulemaking authority, we have the authority to impose the requirements we believe are necessary to implement the law in a manner that conforms with the intended effect. We believe that it would be inconsistent with the intent of the law if we could not ensure that—(1) private contracts adequately protect beneficiaries who enter into them; (2) emergency and urgent care services are provided without the patient being asked to enter into a private contract; and (3) a private contract is available for review when an appeal is based on the allegation that a contract was not entered into.

*Comment:* Commenters wanted the regulations to specify that when the physician or practitioner who has opted-out fails to maintain opt-out, the physician or practitioner must refund amounts collected in excess of the limiting charge for services he or she furnished before the failure to maintain opt-out occurred.

*Response:* We have not made this change. When a physician or practitioner has properly opted-out, he or she is not limited in what he or she can collect from the beneficiary for services furnished during the period in which he or she has properly opted-out.

As discussed previously, to avoid the consequences of failing to maintain opt-out, the physician or practitioner must respond within 45 days after the carrier notice with good faith efforts to resolve the problem (including refunding to the beneficiary amounts in excess of the charge limits where the physician or practitioner failed to enter into a private contract with a beneficiary who did not need emergency or urgent care). However, if the physician or practitioner does not respond within 45 days with good faith efforts to maintain opt-out, he or she becomes bound by the consequences of failing to maintain opt-out (including applicable charge limits), but only for services furnished in the remainder of the opt-out period—not for services furnished while he or she was in compliance with the opt-out.



## Emergency and Urgent Care Services (§ 405.440)

### *Disagreements about emergency or urgent care services*

*Comment:* Commenters asked what will happen if the physician or practitioner furnishes services that they believe are emergency or urgent care services, but the carrier disagrees. Will the physician or practitioner be subjected to any penalties for failure to privately contract? Commenters believed that this is particularly problematic in instances of furnishing urgent care services, when the carrier or M+C organization believes those services could wait more than 12 hours, but the physician or practitioner disagrees. There should be some protection for the physician or practitioner who believes that the proper categorization of the needed furnished services was urgent care, even if the physician or practitioner loses on appeal.

*Response:* We believe that changing the definition of emergency care, from the "anti-dumping" definition specified at § 489.24 to the "prudent layperson" standard specified at § 422.2, will offer more protection to physicians and practitioners who are presented with a beneficiary who believes he or she is in need of emergency or urgent care services. Therefore, we have revised the text of emergency care services to mean "services furnished to an individual for treatment of an 'emergency medical condition' as that term is defined in § 422.2 of this chapter."

*Comment:* Commenters asked what oversight processes we will use to ensure that physicians and practitioners that opt-out do not abuse their ability to see patients without private contracts. The commenters were concerned that beneficiaries may be left unprotected if Medicare disagrees with the physician's or practitioner's view that the services were emergency medical care or urgent care services. They were also concerned that beneficiaries who believe that they need emergency medical care or urgent care services may be coerced by physicians or practitioners to enter into private contracts. The reason for that coercion would be to protect the physician or practitioner from potential conflict with the carrier, if the physician or practitioner does not believe that the patient needs emergency medical care or urgent care services.

*Response:* Section 1802(b)(2)(A)(iii) of the Act is clear that a physician or practitioner cannot enter into a private contract with a beneficiary if the private contract is entered into when the beneficiary is facing an emergency or

urgent health care situation. We also extend this analysis to mean that, in case of a beneficiary emergency, the beneficiary's legal representative cannot enter into a private contract on the beneficiary's behalf. Because we are adopting the prudent layperson standard the test would be whether the beneficiary is a prudent layperson, and whether a prudent layperson would have thought he or she was facing an emergency or urgent health care situation under the particular circumstances involved.

## Renewal and Early Termination of Opt-Out (§ 405.445)

### *Early termination of opt-out*

*Comment:* Commenters asked that we clarify whether a physician or practitioner who opted-out but then completed an early termination of opt-out, may reapply for a subsequent opt-out period. They also asked that we also identify what notice he or she must give to the beneficiary.

*Response:* A physician or practitioner who opted-out of Medicare and completed an early termination of opt-out may reapply for a subsequent opt-out period under the same terms, including the same beneficiary notice terms, that would apply if he or she had not opted-out and then terminated opt-out.

We would note, however, that a physician or practitioner can terminate opt-out early only once. Therefore, if a physician or practitioner opts-out, then executes an early termination of opt-out, and then submits a second affidavit opting-out again, he or she will not be permitted early termination of that or any subsequent opt-out. We expect that a single early termination of opt-out will be sufficient to meet the needs of a physician or practitioner who has opted-out and decides that it was a mistake. Moreover, permitting more than one early termination of opt-out would be very difficult for carriers' systems to accommodate and would impose a costly systems burden to them (and to Medicare).

*Comment:* Commenters asked what participation status applies to a physician or practitioner who completes early termination of opt-out. In addition, they asked what payment status (participating versus nonparticipating) applies to service charges for services furnished during the aborted opt-out period.

*Response:* When a physician or practitioner terminates opt-out early, he or she resumes the participation status that existed before he or she opted-out. That participation status would apply to

the service furnished during the shortened opt-out period.

## Medicare+Choice Organizations (§ 405.450)

### *Acquisition of information on opt-out physicians and practitioners by Medicare+Choice organizations*

In § 405.455, we indicate that M+C organizations may not pay for services of physicians or practitioners who opt-out of Medicare under these rules. We also specify that M+C organizations must acquire the information needed to implement this requirement from Medicare carriers that have jurisdiction over the claims in the areas the M+C organization serves.

We recognize that this approach for acquiring this information may not be optimal and we want to streamline it. We welcome suggestions on the specific information M+C organizations need to implement these rules and the most efficient means by which they could receive it.

### *C. Payment for Outpatient Rehabilitation Services*

The term outpatient rehabilitation therapy encompasses outpatient physical therapy (including speech-language pathology) and outpatient occupational therapy.

#### 1. BBA 1997 Provisions Affecting Payment for Outpatient Rehabilitation Services

*a. Reasonable Cost-Based Payments.* Section 4541(a) of BBA 1997 added new section 1834(k) to the Act. Section 1834(k)(2) establishes a 10-percent reduction in the reasonable cost of therapy services furnished during 1998. The 10-percent reduction does not apply to outpatient therapy services furnished by hospitals. In accordance with this provision, we have revised our policy to make payment for outpatient rehabilitation services furnished during 1998 based upon the lesser of the charges imposed or the reasonable cost determined for such services, reduced by 10 percent. The 10-percent reduction does not apply to outpatient physical therapy or occupational therapy services furnished by a hospital to an outpatient or to a hospital inpatient entitled to benefits under Part A but who has exhausted benefits or is otherwise not in a covered Part A stay.

As stated in our proposed rule, the salary equivalency guidelines will remain in effect until all BBA provisions regarding a prospective payment system for outpatient rehabilitation services are implemented. The prospective payment system, which is effective for services



furnished on or after January 1, 1999, removes the need for salary equivalency guidelines because providers will no longer be paid on a reasonable cost basis for their therapy services. The salary equivalency guidelines were a tool used to determine the reasonable cost of therapy services provided by practitioners other than physicians.

*Comment:* We received several comments stating that the 10-percent payment reduction may cause certain small providers to cease operations or cease providing services to Medicare beneficiaries. The commenters also stated that the Congress did not adequately consider the impact of the 10-percent reduction on small providers and that the Congress was misled.

*Response:* The 10-percent payment reduction is required by BBA.

*b. Prospective Payment System for Outpatient Rehabilitation Services.*

(1) Overview

Section 4541 of BBA adds a new section 1834(k) to the Act that provides for a prospective payment system for outpatient rehabilitation services and all services provided by CORFs. The prospective payment system is effective for services furnished on or after January 1, 1999. Section 1834(k)(1)(B) of the Act provides for payment for those services to be made at 80 percent of the lesser of (1) the actual charge for the services, or (2) the applicable fee schedule. Section 1834(k)(2) defines the applicable fee schedule amount as the amount determined under the physician fee schedule, or, if there is no such fee schedule established for those services, the amount determined under the fee schedule established for comparable services as specified by the Secretary.

The physician fee schedule is currently applied to certain outpatient rehabilitation therapy services. It is now the basis of payment for outpatient rehabilitation services furnished by physical therapists in independent practice (PTIPs) and occupational therapists in independent practice (OTIPs), physicians, and certain nonphysician practitioners or incident to the services of these physicians or nonphysician practitioners. The physician fee schedule has been the method of payment for outpatient rehabilitation therapy services provided by such entities for several years. As discussed in our proposed rule, fee schedule payment will now apply when outpatient physical therapy, occupational therapy, and speech-language pathology services are furnished by rehabilitation agencies, public health agencies, clinics, SNFs, home health agencies for beneficiaries

who are not eligible for home health benefits because they are not homebound or to homebound beneficiaries who are not entitled to home health benefits, hospitals (when such services are provided to an outpatient or to a hospital inpatient who is entitled to benefits under Part A but who has exhausted benefits, or is not entitled), and CORFs. The fee schedule also applies to outpatient rehabilitation services furnished under an arrangement with any of the cited entities that are to be paid on the basis of the physician fee schedule. The fee schedule will not apply to outpatient rehabilitation services furnished by critical access hospitals. Under section 1833 of the Act as amended by section 4541 of BBA, these services will be paid on a reasonable cost basis.

*Comment:* We received one comment in support of delaying the implementation of a prospective payment system for outpatient rehabilitation services until April 2000 because implementation of the hospital outpatient prospective payment system is being delayed. The commenter stated that a delay would provide sufficient time for HCFA to develop a site-of-service differential and, at the same time, would allow for implementation of all revisions to hospital outpatient billing. It was also noted that hospitals are faced with Year 2000 (Y2K) problems as well and that the piecemeal implementation of outpatient regulations adds to the already daunting Y2K task.

*Response:* We disagree that development of a site-of-service differential for outpatient rehabilitation services is a rational basis for seeking to delay implementation of a prospective payment system for outpatient rehabilitation services because as we noted in our proposed rule, we find no legislative basis for making such a payment differential. On the other hand, we are sensitive to the commenter's concerns about the Y2K system compliancy challenges confronting hospitals and their need to effectively and efficiently renovate their systems. We face similar challenges and have therefore, to delay implementation of certain BBA provisions such as the hospital outpatient PPS to which the commenter refers. However, we will not be delaying implementation of the outpatient rehabilitation PPS.

Implementation of hospital outpatient PPS must be delayed by the year 2000 system renovations because it requires massive system changes. Major contractor systems will be affected and the consequence of these required changes to the basic systems will be to

change the entire way fiscal intermediaries process and pay hospital outpatient and community mental health claims (These latter claims will be paid under the hospital outpatient PPS).

By contrast, implementation of the fee schedule provision for outpatient rehabilitation services does not require that we develop an entirely new system or even undertake extensive reprogramming of the existing system in order to accommodate the new entities such as CORFs and rehabilitation agencies that will bill under this system. Basically, we can implement the fee schedule provision because it involves extending billing under an existing system (the physician fee schedule) to additional practitioners and services.

However, extension of the two \$1,500 outpatient financial limitations or caps on a per-beneficiary basis as proposed in our June 5, 1998 rule requires considerable new programming that we are not able to undertake concurrent with our Y2K efforts. Therefore, we are delaying *full* implementation of the caps, effective January 1, 1999. We will implement them as discussed in our proposal as soon as possible after January 1, 2000.

Effective January 1, 1999, we will begin employing a transitional approach to implementing the caps on a provider/practitioner specific basis. This approach, will require each provider/practitioner not subject to the current limitations to cap their Medicare billings at \$1,500 per beneficiary. We describe this partial implementation measure elsewhere in this rule under the section on financial limitations.

(2) Services Furnished by Skilled Nursing Facilities

Section 4432(a) of BBA added a new subsection(e) to section 1888 of the Act to establish a prospective payment systems for SNFs. Under the statute, effective for cost reporting periods beginning on or after July 1, 1998, Medicare pays for covered Part A SNF stays on the basis of prospectively determined payment rates that encompass all costs of "covered SNF services" furnished to an SNF resident. The statute defines covered SNF services to include (1) post-hospital extended care services paid for under Part A, and, (2) certain services that may be paid under Part B and that are furnished to SNF residents receiving covered post-hospital extended care services. Section 1888(e)(2) provides for exclusion of specific services from the definition of covered SNF services, but the statute explicitly states that the exclusions do not encompass "any



physical, occupational or speech-language therapy services regardless of whether or not the services are furnished by, or under the supervision of, a physician or other health care professional." Thus, if an SNF resident is in a covered Part A stay, therapy services furnished to the SNF resident are encompassed in the PPS payment and Medicare does not make a separate Part B payment.

Under the new payment system for SNF inpatient services, and consistent with current policy (which applied before enactment of BBA), services furnished to SNF residents that are not covered under Part A may nevertheless be covered under Part B. Section 4432(b) of BBA amended section 1842(b)(6) of the Act to require that payment for most services furnished to an individual who is a resident of an SNF, including outpatient rehabilitation services, be made to the facility (without regard to whether the service was furnished by the facility, by others under arrangement with the facility, or under any other arrangement). When the services are not being furnished directly, the facility then pays the provider of therapy services. The consolidated billing provision was scheduled to be effective for services furnished on or after July 1, 1998. However, due to systems modification delays in implementing SNF consolidated billing, instructions in Program Memorandum (PM) AB-98-18 dated July 1998, as they apply to services and supplies furnished to residents in a Part A stay in an SNF not yet on the PPS and to the Part B stay (Part A benefits exhausted, posthospital or level of care requirements not met), are delayed until further notice. We announced this decision in a subsequent Program Memoranda, that is, PM AB-98-35 dated July 1998.

Section 4432(b)(3) of BBA added a new paragraph (9) to section 1888(e) of the Act to provide that, with respect to a service covered under Part B that is furnished to an SNF resident, the amount of payment for the service is the amount provided under the fee schedule for such item or service. This provision must be read in conjunction with the provisions of section 4541 of BBA. Section 4541 added a new section 1833(a)(8) to specify that the amounts payable for outpatient rehabilitation services furnished by an SNF will be the amounts determined under section 1834(k) of the Act. Section 1834(k) of the Act provides that payment in 1998 is to be based on the lesser of the charges imposed for these services or the adjusted reasonable costs and, in 1999 and thereafter, 80 percent of the

lesser of the actual charge for the service or the physician fee schedule. Thus, as discussed in our proposed rule, we have revised our policy so that Part B services furnished to a SNF inpatient (Part A benefits exhausted, posthospital or level of care requirements not met) remain payable on a reasonable cost basis until January 1, 1999. Effective January 1, 1999, the services will be paid in accordance with the physician fee schedule.

The physician fee schedule amount applicable to services furnished in a nonfacility setting will apply to the Part B services to inpatients (Part A benefits exhausted, posthospital or level of care requirement not met) and other outpatient rehabilitation services furnished by the SNF. The nonfacility amount applies because the consolidated billing provision requires that the SNF be directly paid for the entire therapy service (including facility costs) based on the physician fee schedule. This is in contrast to the amount applicable to physician services, excluding outpatient rehabilitation services, billed for SNF residents. In this case, the physician payment is not intended to cover the facility costs associated with the service and the fee schedule amount applicable to services furnished in a facility applies. Through PM AB-98-63 dated October 1998, we advised our fiscal intermediaries to require SNFs to bill Medicare directly for all outpatient therapy services provided to their SNF residents in a noncovered Part A stay and to the their nonresidents covered under Part B.

#### (3) Services Furnished by Home Health Agencies

Section 1833(a)(8)(A) applies the physician fee schedule to outpatient rehabilitation services furnished by an HHA to an individual who is not homebound. Most outpatient rehabilitation services furnished by an HHA under section 1861(s)(2)(D) of the Act is to individuals who are not homebound. The likelihood is great that most individuals who are homebound and are receiving physical therapy, speech-language pathology, or occupational therapy are entitled to home health benefits. However, there may be some individuals who are homebound and have not required a qualifying service for home health benefits but who need occupational therapy services. If provided by an HHA, these services could be provided under section 1861(s)(2)(D) of the Act. Although section 4541 of BBA did not expressly address these services, the statute allows them to be remain

payable on a reasonable cost basis under section 1861(v)(1) of the Act. All other services furnished by the HHA will be paid under a prospective payment system. (Implementation of an HHA prospective payment system that was scheduled to take effect October 1, 1999 has been delayed due to our Y2K compliancy efforts.) Section 1861(v)(1) provides that the reasonable cost of any service is the cost actually incurred, excluding any costs unnecessary to the efficient delivery of needed health services.

Section 1861(v)(1) also allows, use in determining reasonable cost, to provide for the use of estimates of cost for particular items and services. In enacting section 4541 of BBA, the Congress determined that payment in the amounts dictated by the physician fee schedule represents the appropriate level of payment for outpatient rehabilitation services provided by HHAs to certain non-homebound beneficiaries who do not qualify for the HHA benefit. (Of course, pursuant to section 4541, this payment level applies to all suppliers of rehabilitation services enumerated in the provision.) The Congress has, thus, evinced its view that payment at the fee schedule level adequately compensates HHAs for their expenses for this group of services. We believe that the Congress' determination in this case forms a basis for us to find that this level of payment represents an acceptable estimate of the expenses of providing rehabilitation services to other, homebound beneficiaries receiving services from HHAs, but also not eligible for the HHA benefit. Thus, we are applying the fee schedule payment level as our estimate of the reasonable costs of these services for these beneficiaries receiving outpatient rehabilitation services and not eligible for HHA benefits. Therefore, § 413.125 is modified to provide that effective for services furnished on or after January 1, 1999, the reasonable cost of outpatient rehabilitation services furnished by an HHA to homebound patients who are not entitled to home health benefits may not exceed the amounts payable under the fee schedule.

#### (4) Services Furnished by Comprehensive Outpatient Rehabilitation Facilities

Section 4541(a)(1) of the BBA adds a new section 1832(a)(2)(D)(9) to the Act to provide that all services furnished by a CORF, not just outpatient rehabilitation services, will be paid the applicable fee schedule amount. In cases in which there is no physician fee schedule amount for the services, section 1834(k) of the Act specifies that



the applicable fee schedule amount will be the amount established for comparable services as specified by the Secretary. Therefore, we revised our policy so that the existing fee schedules for prosthetic and orthotic devices, durable medical equipment, and supplies, and drugs and biologicals apply when these services are furnished by a CORF. We believe that these fee schedules, together with the physician fee schedule, will encompass all CORF services other than nursing services. The physician fee schedule amount applicable to services furnished in a nonfacility setting will apply to the services furnished by the CORF since no separate payment will be made for facility costs.

To establish a fee schedule amount for nursing services delivered within a CORF, we created a new HCPCS code, G0128. We have defined this code as direct face-to-face skilled nursing services delivered to a CORF patient as part of a rehabilitative plan of care. It is a timed code and can be billed for 10-minute intervals (when the initial interval is longer than 5 minutes). G0128 is to be used for services that are not included in the work or practice expense of another therapy or physician service. An example might be a nurse who spends 33 minutes instructing a patient in the proper procedure of "in and out" urethral catheterization; in this situation, 3 units of G0128 would be billed. We are setting the RVUs for this code at 0.26, based upon half the value of the lowest level physician follow-up visit, HCPCS code 99211, in the nonfacility setting. This results in a payment that is slightly more than the average wage reported by the Bureau of Labor Statistics (BLS) for registered nurses, inflated to reflect benefits and overhead (using the fringe benefit and expense factor used to establish the salary equivalency guideline).

*Comment:* One commenter supported the use of the nonfacility physician fee schedule for therapy services performed in an SNF and CORF; however, clarification was requested as to whether the facility or the nonfacility physician fee schedule will be used for hospital outpatient departments.

*Response:* The physician fee schedule payment amount applicable to outpatient rehabilitation services furnished by hospitals is the same as that for SNFs, CORFs, and other outpatient rehabilitation providers. That is, hospitals will be paid for these services under the nonfacility component of the physician fee schedule.

#### (5) Site-of-Service Differential

We did not propose a site-of-service differential for providers of outpatient rehabilitation services as suggested by some of the providers prior to publication of our proposed rule. That is, we did not propose a payment amount greater or lesser than that provided by the physician fee schedule for some of the types of providers or sites at which outpatient rehabilitation services are furnished.

As explained in our proposed rule, the law requires that these services be paid the amount determined "under the fee schedule established under section 1848." Furthermore, we believe higher payment amounts for certain facilities, such as CORFs or rehabilitation agencies, would create payment incentives that favor one site or setting over another. We believe the statute establishes a "level playing field" for these services. We find no directive in the statutory language or legislative history that we recognize higher costs that some providers argue might be associated with furnishing services in a provider setting. To the extent that CORFs or rehabilitation facilities provide services to patients who need additional care, CORFs or rehabilitation facilities may bill for additional, medically necessary services. For these reasons, we are not revising our policy to allow for a site of service adjustment or higher payment amount for specific settings.

*Comment:* One commenter believes the work RVU should be the same regardless of setting; however, the commenter contends that the practice expense component may differ among the settings. The commenter states that the impact of any unique regulatory requirements among settings on the cost of furnishing services should be determined.

*Response:* As stated above, we find no statutory or legislative basis for recognizing a distinct payment differential that is site specific. Therefore, we are not revising our policy to allow for a payment differential among settings.

#### (6) Mandatory Assignment

Section 1834(k)(6) of the Act, as added by BBA, establishes a restraint on billing for outpatient rehabilitation therapy services; that is, this provision requires that services paid under section 1834(k) of the Act are subject to mandatory assignment under the same terms applicable to practitioners under section 1842(b)(18) of the Act. Therefore, we have revised our policy in accordance with this provision to

require mandatory assignment for services provided under the outpatient rehabilitation prospective payment system by hospitals, SNFs, HHAs, rehabilitation agencies, public health agencies, clinics, and CORFs. The mandatory assignment provision does not apply to therapy services furnished by a physician or "incident to" a physician's service or to services furnished by a physical therapist in private practice or an occupational therapist in private practice. However, when these services are not furnished on an assignment-related basis, the limiting charge applies.

#### 2. Uniform Procedure Codes for Outpatient Rehabilitation Services

Section 4541(a)(2) of BBA added section 1834(k)(5) to the Act. This new statutory provision requires that claims submitted on or after April 1, 1998 for outpatient physical therapy services, including speech language pathology services and outpatient occupational therapy services, include a code under a uniform coding system that identifies the services furnished.

The uniform coding requirement is needed to ensure proper payment under the physician fee schedule. Hospitals, SNFs, HHAs (for individuals who are not eligible for home health services), CORFs, and outpatient physical therapy providers must use HCPCS codes to report outpatient rehabilitation services when furnished to their outpatients. Hospitals and SNFs that provide outpatient rehabilitation services to their inpatients who are entitled to benefits under Part A but who have exhausted their benefits for inpatient services during a spell of illness or to their inpatients who are not entitled to benefits under Part A are also required to report HCPCS codes.

In March, 1998, we issued Program Memorandum AB-98-8 which describes the coding for outpatient rehabilitation services and identifies certain HCPCS codes available for billing by CORFs that are not generally rehabilitation services, including vaccinations and nursing services. This memorandum also specifies how these codes will be reported on the UB-92. We assigned the various codes to revenue centers, that is, physical therapy, occupational therapy, and speech-language pathology, for purposes of applying the financial limitation described below. Assigning codes to revenue centers was not intended to limit the scope of practice or range of procedures that could be furnished by therapists in a particular discipline. We recognize that many therapy services, for example, physical therapy



modalities or therapy procedures as described by HCPCS codes are commonly delivered by both physical and occupational therapists. Other services may be delivered by either occupational therapists or speech-language pathologists.

Therefore, in July 1998, we issued PM A-98-24 which in effect constituted a reissuance of PM A-98-8 in its entirety. PM A-98-24 was intended, in part, to clarify PM AB-98-8 regarding the reporting of HCPCS codes for outpatient rehabilitation and CORF services and to instruct fiscal intermediaries to eliminate edits installed to match revenue centers to outpatient rehabilitation HCPCS codes in order to cap therapy services. HCFA did not intend for such edits to be installed and employed. Thus, PM A-98-24 instructed fiscal intermediaries to eliminate the edits for services furnished on or after October 1, 1998. However, in response to industry concerns, on August 6, 1998, we issued a memorandum to all fiscal intermediaries advising them to remove immediately any coding edits imposed to match outpatient rehabilitation HCPCS codes to revenue codes.

*Comment:* We received three comments regarding PM A-98-24 issued July 1998. The commenters stated that confusion remains regarding the effective date of the memorandum. Also, they urged that we instruct carriers to not deny claims based on the practitioners' failure to comply with coding requirements until there is a clarification regarding the manner in which the coding requirement is to be implemented. One commenter recommended that fiscal intermediaries be required to adhere to revised PM A-98-24, effective immediately. The commenter contended that claims wrongly denied based on PM AB-98-8 should be promptly paid based on the claims originally submitted by providers.

*Response:* We apologize for the confusion. As noted above, PM A-98-24 carried an effective date of October 1, 1998 for fiscal intermediaries to remove any edits installed to match revenue center to HCPCS coding for outpatient rehabilitation services. As also stated above, on August 6, 1998 we issued a subsequent memorandum to all intermediaries advising them to remove the edits immediately. Providers and practitioners were encouraged to resubmit any claims that were incorrectly denied due to misinterpretation of our instructions for billing outpatient rehabilitation services using HCPCS codes.

*Comment:* We received one comment recommending that the definition of outpatient rehabilitation services be expanded to include payment for low-vision training. The commenter stated that Medicare's failure to cover low-vision training places beneficiaries at risk for extreme out-of-pocket expenditures for transportation services, home-bound visits, and psychological counseling.

*Response:* We have not accepted the commenter's recommendation. Outpatient rehabilitation services are clearly defined in the statute. Low-vision training is not specifically mentioned in the statute, and we find no statutory or legislative basis for including low-vision training in the definition of outpatient rehabilitation services. Therefore, we cannot arbitrarily expand our definition of outpatient rehabilitation to encompass low-vision training.

Since the statute does not specifically identify low-vision training as a separate Medicare benefit and does not provide a basis for including it under the outpatient rehabilitation benefit, carriers have the discretion to cover these low-vision training services if they determine that they meet the statutory requirements applicable to covered services and are determined to be medically reasonable and necessary.

*Comment:* A commenter recommends that CPT codes 92520, 94799, and psychiatric therapeutic codes after 90804 be added to the list of outpatient rehabilitation services. The commenter stated that code 94799 is currently recognized by Blue Cross and Blue Shield of Florida. The commenter also stated that, in addition to code 90804, other psychiatric therapeutic codes should be added for assessments and community resource education, referral and advocacy, family conferences, and home assessments.

*Response:* The commenter asked that we add code 92520, laryngeal function studies, to our list of outpatient therapy codes. Our data show that this code is almost entirely billed by otolaryngologists. Our standard for the inclusion of diagnostic tests as outpatient rehabilitation services is as follows:

- If the primary purpose of a diagnostic test, at times performed by therapists, is to assess the appropriateness or effectiveness of outpatient therapy services or to guide additional treatment by a physical therapist, an occupational therapist or speech-language pathologist, then the test is considered to be outpatient therapy or rehabilitation services; or

- If the primary purpose of the diagnostic test is to provide information on decisions for future medical or surgical treatment or to assess the effect of previous medical or surgical treatment, then the diagnostic test is not considered to be an outpatient therapy or rehabilitation service.

Because the purpose of code 92520 is not clear to us and because our data show that it is performed overwhelmingly by otolaryngologists, we suggest that providers and practitioners who believe it meets the above criteria as an outpatient rehabilitation service provide information to their Medicare contractors and the contractors can approve it if it meets the coverage criteria of being "medically necessary." We advised our carriers and fiscal intermediaries in PM AB-98-24 that they may recognize codes other than those identified in our instruction as outpatient rehabilitation services to the extent that the codes represent services that are determined to be medically necessary and within the scope of practice of the practitioner or therapist billing the service.

The commenter asked that code 94799, unlisted pulmonary services or procedures, be added to the list of outpatient rehabilitation services. Again, we suggest that practitioners and providers that wish to use this code to describe an outpatient rehabilitation service discuss with their Medicare contractor the specific services or procedures being provided when this code is used. Before this code can be used, the Medicare contractor needs to determine whether the services are "medically necessary."

The commenter also asked that we add other psychotherapy codes from the family of codes that includes 90804 that is on our list of outpatient rehabilitation services. Clinical psychologists and clinical social workers who deliver services in CORFs can bill any of the psychotherapy codes except for the ones that involve medical evaluation and management. These services are billed under Part B and are submitted to carriers on the HCFA form 1500. Therefore, these codes will not be added to our list of outpatient rehabilitation services.

*Comment:* One commenter recommended adding to our final rule the statement contained in PM A-98-24 that denotes that other codes may be considered to represent outpatient rehabilitation services to the extent that the services are determined to be medically reasonable and necessary and can be billed as outpatient rehabilitation services.



*Response:* Although we have included the statement in the text in the regulation, we will consider other codes to be outpatient rehabilitation codes under the terms we have stated.

*Comment:* One commenter requested that we clarify in the final rule that Addendum F contains the codes for reporting outpatient rehabilitation services.

*Response:* We appreciate the suggestion. It was inaccurately reported in the proposed rule that Addendum E contains a listing of outpatient rehabilitation therapy codes. It should have read that Addendum F contains such a listing. We have made the appropriate correction in this rule.

### 3. Financial Limitation

*a. Overview.* Outpatient rehabilitation therapy services are subject to annual financial limitations or caps beginning January 1, 1999. (The amount of the current cap is \$900.) There will be a \$1,500 per-beneficiary annual limitation or cap on incurred expenses for outpatient physical therapy services including outpatient speech-language pathology services. A separate \$1,500 per-beneficiary limitation will apply on incurred expenses for outpatient occupational therapy services. The annual limitation does not apply to services furnished directly or under arrangements by a hospital to an outpatient or to an inpatient who is not in a covered Part A stay. The limitation will apply to outpatient rehabilitation services furnished by a separately-certified hospital-based provider, such as a hospital-based SNF. The limitation also applies to outpatient rehabilitation services furnished by a physician or nonphysician practitioner, or incident to a physician's professional services or to a nonphysician practitioner's professional services.

As stated above, there is a single \$1,500 limitation for outpatient physical therapy services which includes outpatient speech-language pathology services. As amended, section 1833(g) of the Act applies a single \$1,500 limitation to "physical therapy services of the type described in section 1861(p)." Section 1861(p) defines outpatient physical therapy services and includes speech-language pathology services within that definition.

Outpatient rehabilitation services are subject to a 20-percent coinsurance amount. Under the outpatient prospective payment system, the beneficiary will be responsible for 20 percent of the applicable fee schedule amounts. The \$1,500 limitation is on incurred expenses. If a beneficiary has already satisfied the Part B deductible,

the maximum amount payable by the Medicare program is \$1,200, that is, 80 percent of \$1,500. Beginning January 1, 2002, the \$1,500 annual limitations or caps will be increased by the percentage increase in the MEI.

In addition to outpatient physical therapy services and outpatient occupational therapy services (other than those provided by a hospital), the limitation applies to physical therapy services (including speech-language pathology services) and occupational therapy services "of such type which are furnished by a physician or as incident to a physician service." As discussed elsewhere in this document, Medicare covers under certain conditions services performed by nurse practitioners, clinical nurse specialists, and physician assistants that would be physicians' services if furnished by a physician. We are applying the financial limitation to therapy services furnished by these nonphysician practitioners because such therapy services are by definition the same type as are furnished by physicians. Similarly, we have revised our policy to apply the financial limitation to therapy services furnished incident to these nonphysician practitioner's services. We have included in Addendum D a listing of the specific services that are subject to the limitation when furnished by a physician or practitioner directly or incident to his or her services. Such outpatient rehabilitation services included in Addendum D furnished either directly or incident to the services of a physician or practitioner are always subject to the financial limitation. Other services such as casting, splinting, and strapping may be used in the treatment of conditions (for example, fractures or sprains) or as part of the postsurgical treatment or medical treatment when no other rehabilitation services are delivered. If the services are delivered by a physical or occupational therapist, speech-language pathologist, therapy assistant or therapy aide, are part of a rehabilitation plan of care, or involve services included in the aforementioned Addendum D, then the services are subject to the cap. These outpatient rehabilitation services are delineated in Addendum E and must be identified with a discipline-specific modifier. Addendum F contains a listing of commonly-utilized outpatient rehabilitation therapy codes. Other codes may be considered for payment as outpatient rehabilitation services to the extent that the services are determined to be medically reasonable and necessary and those that can be performed within the scope of practice

of the therapist, physician, or nonphysician practitioner billing the code. Payment for certain HCPCS codes will be made on a basis other than the physician fee schedule in hospital outpatient departments. Other HCPCS codes represent CORF services. Further, PM AB-98-63 dated October 1998 provides additional program instructions regarding the use of HCPCS codes for outpatient rehabilitation therapy services.

With regard to "incident to" services, we note that section 4541(b) of BBA amended section 1862(a) of the Act to require that outpatient physical therapy services (including speech-language pathology services) and outpatient occupational therapy services furnished "incident to" a physician's professional services meet the standards and conditions (other than any licensing requirement specified by the Secretary) that apply to therapy services furnished by a therapist. This provision was effective January 1, 1998 and was implemented through program instructions.

The financial limitations apply only to items and services furnished by nonhospital providers and therapists under the outpatient physical therapy (including speech-language pathology) and the outpatient occupational therapy benefit (section 1861(s)(2)(D) of the Act) and therapy services furnished by physicians and nonphysician practitioners or incident to their services. The limitations do not apply to diagnostic tests covered under section 1861(s)(3) of the Act or to items furnished or covered under the durable medical equipment benefit.

*Comment:* Some commenters urged us to repeal the limitation.

*Response:* We have no authority to repeal the annual financial limitation as set forth in BBA. An annual per beneficiary limit of \$1,500 will apply to all outpatient physical therapy services (including speech-language pathology services). A separate \$1,500 limit will also apply to all occupational therapy services. As noted above the annual limitations do not apply to services furnished directly or under arrangements by a hospital to an outpatient or to an inpatient who is not in a covered Part A stay. This limitation applies to expenses incurred on or after January 1, 1999.

*Comment:* Several commenters want us to delay implementing the financial limitation while others asked that, if we proceed with implementation, we clarify how we would implement it. We received one comment suggesting that we delay the implementation of the annual limitation until we develop a



system of tracking the aggregate amount of speech-language pathology expenses incurred by a beneficiary.

*Response:* As previously stated, because of our efforts to become Y2K compliant, with the exception of qualified therapists in independent practice, we are not able to make the appropriate systems changes to fully implement the caps on a per-beneficiary basis at this time. Instead, we will use a transitional measure, whereby providers and practitioners (those not currently subject to the caps, for example, physicians and nonphysician practitioners) will be held accountable for tracking incurred expenses for each beneficiary to ensure they do not bill Medicare for beneficiaries that have met the annual \$1,500 limitation at their facility for each separate limitation. This means that SNFs will be directly responsible for the billing of all outpatient rehabilitation services and the tracking of incurred expenses of those services when furnished to SNF residents not in a covered Part A stay and SNF nonresidents receiving outpatient rehabilitation services from the SNF.

However, the provider and the practitioner may submit bills to Medicare for the sole purpose of receiving no-pay notices to bill Medicaid or other insurers.

It is noted that the current annual per beneficiary financial limitation applied to outpatient physical therapy services including speech-language pathology services furnished by PTIPs is increased from \$900 to \$1,500 effective January 1, 1999 for PTPPs. In addition, the current annual per beneficiary financial limitation applied to outpatient occupational therapy services is increased from \$900 to \$1,500 effective January 1, 1999 for OTTPPs. As cited, for these qualified therapists only, the financial limitations continue to be applied on an annual per beneficiary basis rather than on a per provider basis.

*Comment:* Many commenters believed there should be three separate annual financial limitations, that is, one each for physical therapy, occupational therapy, and speech-language therapy services. They argue that the Congress never intended to include speech-language pathology services within the physical therapy cap because speech therapists have never been defined as independent therapists and were never subject to the current \$900 cap.

*Response:* As stated above, section 1861(p) of the Act defines the term outpatient physical therapy services to include speech-language pathology services. The language in BBA specifically makes provision for

physical therapy services and occupational therapy services in applying the annual financial limitation and does not separately mention speech-language pathology services. It is our position that BBA does not include a separate cap for speech-language pathology services, and that there are only two financial limitations (OT and PT that includes speech-language therapy services).

*Comment:* Two commenters oppose the imposition of the \$1,500 cap because it is not sufficient to cover the cost of physical therapy for many common diagnoses or cost of care for typical rehabilitation cases. One of the commenters noted that MedPAC found in its June 1998 report to Congress that one third of the patients receiving outpatient rehabilitation services from rehabilitation agencies and CORFs exceeded either the combined \$1,500 cap on outpatient physical therapy and speech-language pathology or the \$1,500 cap on outpatient occupational therapy.

*Response:* The commenter is correct in stating that the MedPAC's study of a 5-percent sample of Medicare outpatient rehabilitation claims for 1996 did find that about one-third of all patients receiving outpatient rehabilitation services from rehabilitation agencies and CORFs exceeded the \$1,500 caps. However, the study noted that because most Medicare beneficiaries received the services in hospital outpatient departments in 1996, the percent of all patients impacted by the \$1,500 caps is considerably less, that is, only 10 percent of all outpatient physical and speech therapy patients receiving services in hospital outpatient departments, rehabilitation agencies and CORFs and only 2 percent of all occupational therapy patients in those three settings.

We plan to carefully study this issue. As discussed elsewhere in this document, BBA requires that we submit a report to the Congress by January 1, 2001 that recommends viable options for replacing the current dollar caps that take into account patient diagnosis and prior use of services.

*Comment:* One commenter stated that the limitation should apply only to therapy services furnished by physical therapists and occupational therapists, and not to therapy services furnished by physicians. Another commenter contends that the cap applies solely to therapists and physicians furnishing outpatient rehabilitation services under a plan of care. Neither commenter believes that nonphysician practitioners should be allowed to perform therapy services. These commenters argue that only physical therapists or services

provided under the supervision of a physical therapist should be reimbursed by Medicare. The commenters maintain that the definition of physical therapists as referenced in § 485.705(b) and the coverage guidelines specified in section 2210.B of the MCM and 3101.8B of the MIM are not met if the services are provided by persons other than physical therapists. In addition, the statute does not extend the cap to services furnished by practitioners other than OTIPs and PTIPs.

*Response:* Section 4541 of BBA provides for a prospective payment for outpatient rehabilitation services. The operative word in the statute is "services". Reference is made both to the payment for outpatient therapy services and comprehensive outpatient rehabilitation services on the basis of the physician fee schedule and to the financial limitation for all rehabilitation services. The fee schedule is applied to outpatient therapy or rehabilitation services without regard to the practitioner who furnishes the service. Physical and occupational therapy services furnished by physicians and certain other recognized practitioners are payable under the physician fee schedule. A nonphysician practitioner who provides services that would be physicians' services if furnished by a physician under a specific enumerated benefit in the statute would be considered as the physician treating the beneficiary. Thus, a nonphysician practitioner would be considered as the physician treating the beneficiary when he or she furnishes outpatient physical therapy and occupational therapy services. Nonphysician practitioners who meet this definition are physician assistants (section 1861(s)(2)(K)(I) of the Act); and nurse practitioners and clinical nurse specialists (sections 1861(s)(2)(K)(ii) and 1861(s)(2)(K)(iii) of the Act), operating within the scope of their State licenses.

*B. Use of Modifiers to Track the Financial Limitation.* We have established three discipline-specific modifiers for use in tracking the financial limitation or cap. They are listed below.

- GN Services delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care;
- GO Service delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care; or
- GP Service delivered personally by a physical therapist or under an outpatient physical therapy plan of care.



Reporting of these modifiers will also assist us in gathering data on who is providing the services, and the frequency and duration of the services. Many of the services, for example, physical modalities or therapeutic procedures as described by HCPCS codes, are commonly delivered by both physical and occupational therapists. Other services may be delivered by either occupational therapists or speech-language pathologists. For these services, we expect the claim to include a modifier that describes the type of therapist who delivered the service; if the service was not delivered by a therapist, then the type of therapy plan of care under which the service is delivered would be specified. If the type of therapy is not listed in the modifier field, the claim would be rejected and sent to the provider for resubmission.

*Comment:* We received one comment that supports our proposal to use modifiers that will be discipline-specific to identify whether a plan of care is for physical therapy or occupational therapy. However, the commenter also favors the addition of modifiers that will allow for the identification of physician and nonphysician services that are provided under a plan of care. Claims from physicians and nonphysicians with a modifier would be subject to one of the caps, while claims without a modifier would not be subject to any cap. Another commenter stated that the proposed policy to reject a claim and send it to the provider for resubmission if the type of therapy is not listed in the modifier field is inappropriate and should not be adopted. The commenter contends that there are legitimate cases in which the codes in Addendum D will be reported but should not be applied against the caps, for example, if the services are furnished by a nonphysician practitioner or a physician but they are not provided under a therapy plan of care. This contention is also shared by another commenter who strongly opposed our proposal to apply services against the caps for occupational therapy and physical therapy including speech-language pathology services based strictly on an arbitrary reporting of certain CPT codes. The presumption with this approach is that therapy services are furnished whenever codes listed in Addendum D are reported.

*Response:* At this time, we have decided to only use the discipline-specific modifiers listed in the response above. These modifiers will differentiate between either the type of therapist (physical therapist, occupational therapist, speech-language pathologist) personally providing the service or the

discipline plan of care (physical, occupational, and speech-language pathology). For example, if modifier GP is used, the physical therapist must deliver personally the service or the service must be delivered under a physical therapy plan of care. Therefore, in addition to the personal provision of the therapy service by the physical therapist, a physician or nonphysician practitioner can also furnish the physical therapy service. We believe that additional modifiers are not needed to delineate services provided by physicians and nonphysician practitioners under a therapy plan of care; however, we believe that the commenter's statement is valid regarding the possible use of codes listed in Addendum D for other than therapy purposes, that is, not under a therapy plan of care. We are exploring the use of an additional modifier to indicate that the service denoted by the code was not provided under a therapy plan of care. By the time that the financial limitation or cap is fully implemented, we expect to have established the additional modifier. Until that modifier is in place, claims without a discipline-specific modifier will be returned for resubmission.

*Comment:* A commenter stated that the cap will be difficult to track administratively and recommended that there be a clearer delineation of when services will be subject to the limit and what the controlling factors will be (including the type of professional delivering the service, whether there is a rehabilitation plan of care, and the nature of the service), a listing or examples of services and the circumstances under which they would not be included under the cap.

*Response:* The commenter's request for clarification is based on a full implementation of the financial limitation or cap. Because of Y2K issues, the financial limitation or cap will not be fully implemented as mandated by statute effective January 1, 1999. Therefore, it is our intention to carefully review, consider, and address the commenter's concerns as we move from the transitional implementation of the cap on a per-provider basis to the full implementation of the cap on an annual per-beneficiary basis.

*Comment:* One commenter stated that the mechanics of implementing the cap should be clarified. The commenter said that there are serious concerns regarding the calculation of the cap, time of billing, and timing of processing payments that would be fed into the database. The commenter is concerned about the effect of medical review, for example, whether payment will be

reserved when a claim is filed in a timely manner, subjected to medical review, denied, and successfully appealed, and the claim was originally filed well before the cap is met. Several commenters were of the opinion that it is administratively difficult for all parties (beneficiaries, providers, and contractors) to track the cap even with the use of the modifiers. They want us to address specific issues regarding tracking and the use of modifiers before implementation of the cap, and to also notify beneficiaries regarding the tracking procedure. These specific issues include a clear delineation of when services are subject to the limit, what the controlling factors will be (including the type of professional delivering the service, whether there is a rehabilitation plan of care, and the nature of the service), a listing or examples of the services and the circumstances under which they would be excluded from the cap.

*Response:* These are issues that will be addressed prior to the full implementation of the financial limitation or cap. Because there is the distinct possibility that systems requirements will change before such full implementation, it does not seem prudent at this time to detail the mechanics of the future implementation of the cap. However, it is our current thinking that these concerns will be discussed and clarified in companion program instructions issued to the Medicare carriers and fiscal intermediaries.

*Comment:* A commenter stated that there should be a timely, readily accessible means (such as a query system) for beneficiaries and providers to ascertain the status of the beneficiary's outpatient therapy benefits.

*Response:* This question relates to the full implementation of the financial limitation or cap on an annual per-beneficiary basis. We are exploring mechanisms by which both the beneficiary and the provider can be informed in a timely and accurate manner, the amounts that have been expended by the beneficiary for outpatient physical therapy services including speech language pathology services and for outpatient occupational therapy services. These methods will be discussed in any program memorandum or other program instruction that we determine will be the vehicle for the conveyance of the beneficiary cap status information.

*C. Treatment of Services Exceeding the Financial Limitation.* As required by section 1833(g) of the Act, as amended by section 4541 of BBA, we revised our



policy to establish two annual per-beneficiary limits of \$1,500. There will be (1) an annual per-beneficiary limit for all outpatient physical therapy services excluding hospital outpatient therapy services furnished to an outpatient or an inpatient who is not in a covered Part A stay and, (2) an annual per beneficiary limit for all outpatient occupational therapy services excluding hospital outpatient therapy services furnished to an outpatient or an inpatient who is not in a covered Part A stay. As stated previously, outpatient physical therapy services include speech-language pathology services. A provider of outpatient rehabilitation services with a provider agreement under section 1866 of the Act, as well as physicians, PTIPs and OTIPs, will be allowed to collect payment from a beneficiary for therapy services after the \$1,500 limit is reached. This is consistent with current policy allowing PTIPs and OTIPs to collect payment from a beneficiary for therapy services in excess of the current \$900 limit.

#### *Required Congressional Report on Financial Limitation*

We note that a report to the Congress is due from the Secretary no later than January 1, 2001. This report must include recommendations on the establishment of a revised coverage policy of outpatient physical therapy services, including speech-language pathology services and outpatient occupational therapy services. The revised policy must be based on a classification of individuals by diagnosis category and prior use of services in both inpatient and outpatient settings. The report should include recommendations on how such durational limits by diagnostic category could be implemented in a budget-neutral manner.

*Comment:* It was recommended by a commenter for the report to the Congress that, in addition to basing a revised policy on classification by diagnosis category and prior use of services, an individual's functional status should be a component of any system that purports to address a patient's need for rehabilitation.

*Response:* As we develop the report to the Congress, we will consider the feasibility of the recommendation.

#### 4. Qualified Therapists

Section 1861(p) includes services furnished an individual by a physical therapist who meets licensing and other standards prescribed by the Secretary if the services meet the conditions relating to health and safety the Secretary finds necessary. The services must be

furnished in the therapist's office or the individual's home. By regulation, we have defined therapists meeting the conditions for coverage of services under this provision as physical therapists in independent practice. The conditions for coverage are set forth in part 486, subpart D (Conditions for coverage: Outpatient Physical Therapy Services Furnished by Physical Therapists in Independent Practice) and require that the services be provided by a therapist in independent practice under § 410.60. Under § 410.60, a therapist in independent practice is one who:

- Engages in the practice of therapy on a regular basis.
- Furnishes services on his or her own responsibility without the administrative and professional control of an employer.
- Maintains at his or her own expense office space and equipment.
- Furnishes services only in the office or patient's home.
- Treats individuals who are his or her own patients and collects fees or other compensation for the services.

Under § 486.151 (Conditions for coverage: Supervision), all therapy services must be furnished under the direct supervision of a qualified therapist in independent practice. In other words, the therapist in independent practice must be on the premises whenever services are provided to Medicare beneficiaries, including services provided by a licensed physical therapist. This long-standing requirement has been controversial with therapists in independent practice. For example, a therapist in independent practice cannot have more than one office open for services at the same time since he or she could not be on both premises at once.

We are revising our policy to replace the existing "Conditions for Coverage: Outpatient Physical Therapy Services Furnished by Physical Therapists in Independent Practice" (part 486, subpart D), which requires survey and certification, with a simplified criteria for physical therapists in private practice that would use a carrier enrollment process. The impetus for this change comes from congressional statements associated with the fiscal year 1997 appropriations process. Statements in both the House and Senate committee reports accompanying HCFA's fiscal year 1997 appropriations addressed the issue of requiring that the certified physical or occupational therapist in independent practice directly supervise all services performed by his or her employees, even if those

employees are fully-licensed therapists. The House committee report urged that we modify the regulations so that the certified therapist need not be on premises to supervise other licensed therapists. The Senate urged us to review this concern and recommend regulatory or instructional changes.

We are redefining those therapists who are qualified under section 1861(p) of the Act. That is, we would discontinue the focus of the regulation on their "independent" status (which is not statutory) and recognize therapists in private practice who are employed by others and, therefore, do not meet our current "independent" criteria. This would be consistent with health and safety concerns and would conform to normal private sector practice standards. The following new requirements replace the current ones for qualified therapists:

- The term "independent" is dropped and the benefit would be for an individual physical therapist or occupational therapist in private practice.

Private practice includes an "individual" whose practice is in an unincorporated solo practice, unincorporated partnership, or unincorporated group practice. Private practice also includes an "individual" who is practicing therapy as an employee of one of the above or of a professional corporation or other incorporated therapy practice. However, private practice does not include individuals when they are working as employees of a provider. A provider as defined in § 400.202 includes a hospital, CAH, SNF, HHA, hospice, CORF, CMHC, or an organization qualified under part 485, subpart H (Conditions of Participation for Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services), as a clinic, rehabilitation agency, or public health agency.

- In implementing the statutory requirement that services be furnished to an individual in the therapist's office, or in the individual's home, "in his office" is defined as the location(s) where the practice is operated, in the State(s) where the therapist (and practice, if applicable) is legally authorized to furnish services, during the hours that the therapist engages in practice at that location.

A therapist in private practice must maintain a private office, if services always are furnished in patients' homes. However, if services are furnished in private practice office space, that space would have to be owned, leased, or



rented by the practice and used for the exclusive purpose of operating the practice. For example, because of the statutory restriction on the site of services, a therapist in private practice cannot furnish covered services in an SNF. Therefore, if a therapist wished to locate his or her private office on site at a nursing facility, special care would need to be taken. The private office space could not be part of the Medicare-participating SNF's space, and the therapist's services could be furnished only within that private office space. Neither the therapist nor any assistants or aides who help furnish services could be employed by the SNF during the same hours that they are working in the private practice. Another example where special attention would be needed is space that generally serves other purposes and is only used by a therapy practice during limited hours. For example, a therapist in private practice may furnish aquatic therapy in a community center pool on Wednesday mornings. The practice would have to rent or lease the pool for those hours, and the use of the pool during that time would have to be restricted to the therapist's patients, in order to recognize the pool as part of the therapist's own private office during those hours.

In describing other services that are specifically limited to the patient's home, the statute uses qualifying language. For example, the durable medical equipment definition in section 1861(n) of the Act refers to a patient's home as "including an institution used as his home other than an institution that meets the requirements of subsection (e)(1) of this section or section 1819(a)(1)." This definition of home is codified under our regulations at § 410.38(b). The same definition always has been used in the Medicare Carriers Manual for purposes of covering therapists' services in a patient's home. We are continuing the current practice and are adopting the definition formally in this regulation.

- Assistants and aides have to be personally supervised by the therapist and employed directly by the therapist, by the partnership or group to which the therapist belongs, or by the same private practice that employs the therapist. Personal supervision requires that the therapist be in the room during the performance of the service. Levels of supervision are defined in § 410.32 of our regulations.

- The therapist must be licensed or otherwise legally authorized to engage in private practice. We understand that all States license or certify physical

therapists, so no alternative personnel qualifications need to be specified.

- Each therapist enrolls "as an individual" with the carrier.

There would be no survey and no certification by HCFA. The Medicare carrier would verify that the qualifications proposed in §§ 410.59(c)(1) or 410.60(c)(1) of our regulations are met. All applicants for new enrollment would become subject to these new rules and procedures upon the effective date of the final rule. For transition purposes, we intend that independent therapists who are certified and enrolled at that time would be "grandfathered" temporarily and would become subject to the new enrollment rules and procedures at the time of their next regular periodic reenrollment.

These changes would address the concern that current rules require each independent therapist to personally supervise services performed by any other licensed therapists that he or she employs. Under our proposal, each individual therapist in a practice could qualify to separately enroll, and enrolled therapists would not be required for purposes of Medicare to be supervised by their employer. These changes also address the concern that current rules prohibit an independent therapist from being employed by any entity. Under our proposal, a variety of employment situations would be permitted.

These new requirements are established in a revised § 410.60(c) for physical therapists. To date, the statutory requirements for coverage of outpatient occupational therapy services have not been codified. We are codifying these requirements by establishing a new § 410.59 for outpatient occupational therapy services. The regulations section for outpatient occupational therapy parallels the § 410.60 requirements for outpatient physical therapy, as revised in this final rule. We are also making conforming changes in § 410.61 to include occupational therapy.

Therapists in private practice do not participate in the Medicare program in the same way that "providers of services" do. Though they must be approved as meeting certain requirements, unlike "providers of services," they do not execute a formal provider agreement with the Secretary as described in 42 CFR part 489 (Provider Agreements and Supplier Approval). Like physicians, they do have the option of accepting a beneficiary's assignment of his or her claim for Medicare Part B benefits and of becoming a Medicare-participating

supplier that agrees to accept assignment in all cases.

*Comment:* One commenter strongly supports the carrier enrollment process for physical therapists instead of the existing conditions of coverage. However, the commenter wanted operational issues addressed such as a specification that payments will be made under the practice or corporation's tax ID number for services furnished by physical therapists in private practice who are employees of other practices or corporations. This is the same payment system used by a physician group practice, and the treating therapist's Medicare number or license number would be included on the bill. In addition, the commenter urged that the same process be used for the carrier enrollment process as for the current physician enrollment. Another commenter supported the changes for OTPPs; however, assuming that payment is made to the individual, the commenter inquired as to whether group numbers would be assigned so that payment could be issued to the group under the tax identification number of the business entity.

*Response:* We will use the same enrollment and billing process as is currently used for individual physicians and physician group practices. This process is delineated at section 1030.7 of the Medicare Carriers Manual, HCFA Pub. 14-Part 4. We note that payment is not made on the basis of the corporate or group practice tax identification number. This number is just one of the data elements that can be related to the Medicare individual and/or group billing number.

*Comment:* A commenter recommended that direct supervision of assistants and aides be required instead of personal supervision. The commenter provided that direct supervision would be consistent with state laws, the supervision requirements for nonphysician personnel performing services in a physician's office, and with the supervision requirements for aides and assistants of PTIPs.

Another commenter agreed that personal supervision over therapy aides by a qualified occupational therapist or qualified occupational therapy assistant is appropriate. However, the commenter strongly disagreed with the proposal to require personal supervision over occupational therapy assistants and instead urged the adoption of a policy for practicing occupational therapists whereby occupational therapy assistants can perform covered services under the general supervision (that is, initial direction and periodic inspection) of a qualified occupational therapist. In



addition, the commenter thought the policy should state that either a qualified occupational therapist or a qualified occupational therapy assistant must provide personal supervision when therapy aides are used to furnish services.

A commenter stated that qualified occupational therapists who are not Part B suppliers, but who are employed by a therapist who is enrolled as a Part B supplier, should not be subject to the personal supervision requirement. In addition, it was suggested that the proposed language at § 410.59(c)(2) regarding supervision of occupational therapy services should be revised as follows:

"Occupational therapy services are performed by, or under the general supervision of, the occupational therapist in private practice. Services provided by therapy aides must be performed under the personal supervision of an occupational therapist or occupational therapy assistant. All services not performed personally by the therapist in private practice must be performed by employees of the practice, under the applicable level of supervision by the therapist, and included in the fee for the therapist's services."

*Response:* Statements contained in the House and Senate committee reports accompanying the 1997 appropriations recommended modifications in our supervision requirements for qualified therapists. As stated, the House committee report urged a regulatory change in the requirement that certified therapists be on the premises to supervise other licensed therapists. We were also urged by the Senate to review this concern and recommend regulatory or instructional changes. We have addressed the concern expressed in the House and Senate 1997 appropriations committee reports and will allow certified therapists to be off the premises when other licensed therapists are present. However, we do not believe that we have the authority to modify the supervision requirements for therapy (physical, occupational or speech-language pathology) assistants and aides. Therefore, we are maintaining our current requirement that therapy assistants and aides have to be personally supervised by the therapist and employed directly by the therapist, by the partnership or group to which the therapist belongs. In accordance with the aforementioned policy, there is no change in the proposed language found at § 410.59(c)(2).

*Comment:* We received one comment on our proposed qualifications for occupational therapists. One

organization recommends that we require evidence of successful completion of a national certification examination recognized by the regulatory authority in the State of practice. Reasons given for the addition of this requirement are that practice varies by jurisdiction and unsuccessful exam candidates often move from State to State obtaining temporary licenses in spite of repeatedly failing qualifying exams. The commenter adds that the particular test they recommend is required in every jurisdiction.

*Response:* We believe that this recommendation has merit. However, we believe that it requires further study and discussion to assess its impact before we can consider it for adoption. Therefore, we believe it would be more appropriate to consider this recommendation as a proposal for a subsequent publication rather to accept it for adoption in this final rule.

*Comment:* One commenter supports our proposed set of changes addressing independent practicing occupational therapist services, but adds that as Medicare moves to embrace market based competition, the focus should be on the outcomes delivered rather than the input credentialing. There should be a commitment to move beyond burdensome input criteria that add costs and restrict competition. The commenter suggests that, as part of that initiative, we establish a meaningful time horizon for moving to outcomes-based performance measures.

*Response:* This is a welcomed recommendation. In recent years, when revising our conditions of participation for various entities, we have emphasized outcomes-based measures. However, this is an area that requires further study in order to apply this concept to our conditions for occupational therapists practice.

*Comment:* One commenter stated that verification should be provided in the final rule that section 1861(p) of the Act requires a physician to have services furnished by a licensed physical therapist or under the supervision of such a therapist when billing for physical therapist services incident to the physician's professional services.

*Response:* Section 1861(p) of the Act does not set forth the requirements as specified by the commenter. As previously stated, section 4541(b) of the BBA 1997 amended section 1862(a) of the Act to require that outpatient physical therapy services (including speech-language pathology services) and occupational therapy services furnished "incident to" a physician's professional services meet the standards and conditions (other than any licensing

requirement specified by the Secretary) that apply to therapy services furnished by a therapist. In May 1998, we issued Transmittal No. 1606 of the Medicare Carriers Manual, Part 3—Claims Process which implemented this provision that was effective January 1, 1998. Section 2218(A) of the Medicare Carriers Manual requires that physical therapy services provided by a physician or by an incident-to employee of the physician in the physician's office or the beneficiary's home must be provided by, or under the direct supervision of, a physician (a doctor of medicine or osteopathy) who is legally authorized to practice physical therapy services by the State in which he or she performs such function or action.

#### 5. Plan of Treatment

We are proposing to revise §§ 410.61(e), 424.24(c)(4)(i), and 485.711(b), which concern the plan of treatment review requirements for outpatient rehabilitation therapy services. Section 1861(p) of the Act defines these therapy services, in part, as services furnished to an individual who is under the care of a physician and for whom a plan, prescribing the type, amount, and duration of therapy services that are to be furnished, has been established by a physician or a qualified therapist and is periodically reviewed by a physician.

Currently, providers that furnish outpatient rehabilitation therapy services are required to have a physician review the plan of treatment and recertify the need for care at least every 30 days. We proposed revising our policy to allow the physician to review and recertify the required plan of treatment within the first 62 days and at least every 31 days after the first review and recertification. The current requirement for the review of a plan of treatment for patients of physical therapists in independent practice is similar in that the physician must review the plan at least every 30 days. We proposed changing this review requirement and requiring that the physician review and recertify the plan of treatment within the first 62 days and at least every 31 days thereafter.

We recommended these changes because it was our understanding that an initial 2-month (62 day) review is consistent with the usual therapy course of treatment. It is also consistent with our current therapy requirements in the home health setting. These changes were intended to reduce the burden on providers, patients, and physicians by eliminating the current requirement for an initial review within the first 30 days. After the first 62 days, we believed



that patients receiving outpatient rehabilitation services are likely to show significant progress that warrants subsequent reviews every 31 days. Changes in the patient's level of function and need for continued therapy can be expected to occur more frequently after the first 2 months of therapy. We believe this subsequent review schedule will help control potential over-utilization that results in excessive therapy to some Medicare patients.

Under our proposed policy, the therapists would be required to immediately notify the physician of any changes in the patient's condition, and physicians retain the ability to review the care at closer intervals if necessary.

*Comment:* We received comments from six outpatient rehabilitation associations supporting our proposal and two comments from orthopedic surgical associations strongly opposing it. The opposing orthopedic associations informed us that 62 days is not the usual course of treatment. They argued that every patient's need for therapy is unique depending on the condition. While 62 days may be appropriate for some back injuries, they contend it would be inappropriate for a hand, foot, or shoulder injury. Therapy is appropriate as long as the patient continues to make progress and should be discontinued when the patient's condition has plateaued and no further progress is being made. They stated this can best be determined by the referring physician periodically evaluating the patient's progress and recovery. They believe the current 30-day requirement is appropriate and should be maintained.

*Response:* After careful review of the comments received and study of the issue by our medical staff, we are retaining our current 30-day requirement and rescind our proposal. As indicated above, our intent, in part, was to establish consistency with the initial review period for HHA therapy services. However, subsequent to our proposal we further learned that HHA patients may not receive the same level of intensity of therapy services as patients receiving them under the outpatient rehabilitation benefit. Our medical staff believes that patients in the latter group are seen more often by their therapists than are HHA patients. Therefore, the rate of progression between the two patient groups may be different and warrant a 30-day rather 62-day initial plan of treatment review for beneficiaries receiving outpatient rehabilitation services.

*Comment:* We received several comments to allow nonphysician

practitioners such as nurse practitioners, physician assistants, and clinical nurse specialist to certify the therapy plan of care.

*Response:* Because we allow nonphysician practitioners, that is, nurse practitioners, clinical nurse specialists, and physician assistants to prescribe medicine, we have also decided that nonphysician practitioners who have knowledge of the therapy case may certify therapy plans of treatment.

Result of the evaluation of comments: We are adopting our proposal to pay all outpatient rehabilitation services and CORF services under the physician fee schedule. We are delaying full implementation of the financial limitations on outpatient rehabilitation services furnished by nonhospital entities due to our Y2K efforts until after January 1, 2000. We are not adopting a site-of-service differential for outpatient rehabilitation providers as recommended by commenters. Regarding proposed qualifications for therapists, we are adopting them as proposed and are not accepting the recommendation that we require occupational therapists to provide evidence of successful completion of a national certification examination. We anticipate that this issue will be further studied and discussed in a subsequent rule. We are withdrawing our proposal to extend from 30 days to 60 days the time required for physician recertification of the plan of treatment.

#### *D. Payment for Services of Certain Nonphysician Practitioners and Services Furnished Incident to Their Professional Services*

Nonphysician practitioners' services have been covered by Medicare since the inception of the program; originally the law did not provide for separate payments for these services. Coverage and payment of nonphysicians' services was primarily within the context of section 1861(s)(2)(A) of the Act as implemented by section 2050 of the Medicare Carriers Manual, for the payment of services incident to a physician's professional services. In recent years, the Congress has expanded Medicare coverage of nonphysician practitioners' services in certain settings to improve beneficiary access to medical services. Separate Part B coverage is specifically authorized for certain nonphysician practitioners' services and for services and supplies furnished as incident to those services.

For purposes of this rule as it applies to nonphysician practitioners, we define nonphysician practitioners as nurse practitioners, clinical nurse specialists, certified nurse-midwives, and physician

assistants. With respect to services and supplies furnished as incident to a nonphysician practitioner's services, we are requiring that, to be covered by Medicare, the services must meet the longstanding requirements in section 2050 of the Medicare Carriers Manual applicable to services furnished as incident to the professional services of a physician. Therefore, we specify, in new §§ 410.74(b), 410.75(d), 410.76(d), and 410.77(c) that Medicare Part B covers services and supplies (including drugs and biologicals that cannot be self-administered) furnished as incident to the nonphysician's services only if these services and supplies would be covered if furnished by a physician or furnished as incident to a physician's professional services. In addition, §§ 410.74(b), 410.75(d), 410.76(d), and 410.77(c) specify the various requirements for these incidental services and supplies.

#### *Coverage and Payment for Nurse Practitioners' Services Subsequent to BBA*

Effective for services furnished on or after January 1, 1998, section 4511 of BBA authorizes nurse practitioners to bill the program directly for services furnished in any setting, regardless of whether the settings are located in rural or urban areas, but only if the facility or other providers of services do not charge or are not paid any amounts with respect to the furnishing of nurse practitioners' services. Accordingly, a new § 410.75 of this rule specifies the qualifications for nurse practitioners, lists the requirements for the professional services of a nurse practitioner and the requirements for services furnished incident to the professional services of a nurse practitioner. This new section also specifies the process that applies to the provision of nurse practitioners' services.

New §§ 405.520(a), (b), and (c) of this rule provide the general rule and requirements for nurse practitioners. A new paragraph (16) is added to § 410.150(b) to authorize payment for nurse practitioners' services when furnished in collaboration with a physician in all settings located in both rural and urban areas. A new paragraph (c) is added to § 414.56 of this rule to set forth the payment amount for nurse practitioner services.

All of the independent nurse practitioners and clinical nurse specialists commenting on the proposed rule and all of the major organizations representing these nonphysician practitioners vigorously opposed the proposed Federal guidelines for



collaboration; those provisions would apply only in States with no collaboration requirement.

*Comment:* The commenters that objected to the proposed guidelines for collaboration requested that we adopt a policy that strictly defers to State laws, rules, and regulations regarding collaboration. The commenters insisted that the absence of State guidelines for collaboration does not necessitate the intrusion of Federal guidelines. In fact, they claimed that where State laws or guidelines do not include a requirement for collaboration, or fail to provide specific detailed requirements for a collaborative relationship, it is not a matter of accident or simple omission, but of conscious State policy regarding professional scope of practice. In these cases, they believe that there should be no collaboration requirement.

Additionally, these commenters stated that they believe that there is a better understanding at the State level of the practice situations encountered and the evolving advancements in health care issues. Therefore, many States have determined that this relationship is best defined by the professionals themselves, rather than through detailed statutory legislation.

The commenters claimed that they are not aware of any substantial problems in interpreting or implementing the collaboration requirement in the 7½ years that carriers have been applying the collaboration requirement without the benefit of Federal rule. According to one commenter, currently at least 26 States have no statutory or regulatory requirement for collaboration as a condition that nurses must satisfy in order to practice, and in the 16 States that have physician collaboration or supervision practice requirements, none are as restrictive as the guidelines that we proposed.

One of the commenters that opposed the proposed collaboration guidelines stated that if more detailed provisions such as these are imposed on nurse practitioners and clinical nurse specialists, there will be a cost attached to be borne by the practitioner or consumers through cost shifting. Another commenter expanded upon this comment by posing the concern about how collaboration might affect States that authorize nurses to practice independently. The commenter stated that imposition of the collaboration requirement in "independent practice States" could create a new area for potentially fraudulent or abusive practices. For example, a physician may refuse to provide collaboration in a given area or may refuse to enter into a collaboration agreement unless the

nurse pays a fee to the physician. This practice may violate the anti-kickback statute.

One commenter stated that our proposal restricted nurses to a collaboration arrangement with one physician, and that the State's nurse practice act does not restrict nurses to a collaborative practice arrangement with one physician. The requirement of collaboration with one physician raises the cost to patients, restricts access, and requires unnecessary, additional services. Additionally, this same commenter raised concerns about the phrase in the collaboration guidelines that states "or as provided by other mechanisms defined by Federal regulations," because she believes that this is the first time this wording has appeared in the definition of collaboration and it appears to give unlimited authority for regulation of practice.

One of the professional organizations representing nurse practitioners maintained that the proposed collaboration guidelines would particularly harm Medicare beneficiaries located in rural areas, where nurse practitioners may be the sole source of health care within the community. If a nurse practitioner is not able to receive payment for care due to the inability to locate a physician in that geographic area who is able to perform the functions of a collaborating physician, these areas may not be served at all.

*Response:* Section 6114 of OBRA 1989 established the nurse practitioner benefit as a separate benefit under the Medicare Part B program and also required that nurse practitioners collaborate with a physician in order for their services to be covered under Medicare. Therefore, nurse practitioners have always been required by Medicare law to collaborate with a physician. The collaboration requirement is a specific and distinct requirement, separate from the requirement that these nonphysician practitioners must practice within the scope of the law of the State where the services are performed.

The 1989 Omnibus Budget Reconciliation Act, adding section 1861(aa)(6) of the Act, defined the term, "collaboration" as a process in which a nurse practitioner works with a physician to deliver health care services within the scope of the practitioner's professional expertise, with medical direction and appropriate supervision as provided for in jointly developed guidelines or other mechanisms as provided by the law of the State in which the services are performed. The BBA of 1997 increased payment

amounts to nurse practitioners and expanded the settings where they can receive payments, but the BBA did not change the collaboration requirement. In the absence of State law regarding the collaborative relationship that nurse practitioners must share with a physician when furnishing their services to Medicare beneficiaries, we must implement the collaboration requirement as required by law.

However, we did not intend to introduce new burdensome requirements to address situations where there is no State requirement for collaboration. Therefore we are removing the proposed definition of collaboration that applies to these situations and will require that, in the absence of State law or regulations governing collaboration relationships, we will require nurse practitioners and clinical nurse specialists to document their scope of practice and indicate the relationships that they have with physicians to deal with issues outside their scope of practice. The proposed rule was not intended to require that a nurse practitioner must furnish services in collaboration with only one physician. We fully expect that these nonphysician practitioners may have collaborative relationships with numerous physicians and will continue to do so in the future. We did not intend to introduce any new costs to the practices of nurse practitioners and clinical nurse specialists.

*Comment:* Five major associations and professional organizations representing physicians, medical directors, and hospitals commented in favor of the proposed collaboration guidelines and suggested alternative criteria that they believed the Medicare program should use to determine coverage and payment for the services of nurse practitioners and clinical nurse specialists.

Two of these organizations commented that "appropriateness" is the key criterion that Medicare contractors should use in determining whether services of these nonphysician practitioners should be covered under the "reasonable and necessary" provisions of section 1862(a)(1)(A) of the Act. These commenters suggested that we consider services to be appropriate if they are furnished by qualified personnel; further, the commenters believed that, in the case of psychiatry services, these nonphysician practitioners are not qualified as physicians to perform a psychiatric diagnostic interview examination (CPT codes 90801 and 90802), nor are they qualified to furnish services represented by any of the psychotherapy CPT codes



that include medical evaluation and management. Therefore, these commenters asserted, all of the pertinent sections of the regulations text should be revised to read that the nonphysician practitioners are not performing services otherwise precluded from coverage because of one of the statutory coverage exclusions listed under section 1862(a)(1)(A) of the Act.

*Response:* In order for any service to be covered under Medicare, it must be determined to be reasonable and necessary, and therefore, appropriate. Accordingly, we do not believe that it is necessary to revise the regulations text to specify that services furnished by these nonphysician practitioners can be covered only when they are not otherwise excluded from coverage under section 1861(a)(1)(A) of the Act. It is already stated in the proposed rule at sections 410.74(a)(2)(iii), 410.75(c)(3), and 410.76(c)(3) that services performed by any of these nonphysician practitioners are not covered if they are otherwise excluded from coverage because of a statutory exclusion. Additionally, it is our understanding that some nurse practitioners and clinical nurse specialists specialize in mental health. Therefore, if State law authorizes these nonphysician practitioners to perform mental health services and evaluation and management services that would otherwise be furnished by a physician or incident to a physician's services, psychiatric nurse practitioners and clinical nurse specialists could bill for psychiatric diagnostic interviews and any of the psychotherapy CPT codes that include medical evaluation and management.

*Comment:* One association representing hospitals urged us to clarify in the final rule all of the settings in which separate payment to nurse practitioners and clinical nurse specialists will not be made. Also, the commenter suggested clarification regarding whether Medicare will continue to pay hospitals for the facility component of hospital outpatient department services when separate payment is made to these nonphysician practitioners for their professional services furnished in hospital outpatient departments.

*Response:* Payment is made to nurse practitioners and clinical nurse specialists for their professional services furnished in all settings, with the exception of RHCs and FQHCs. (The professional services of all practitioners are bundled in these two settings, and Medicare payment is made to the facility for such services under an all-

inclusive composite rate.) However, when these nonphysician practitioners furnish services in hospital outpatient departments, Medicare will continue to make payment to the hospital outpatient department for the facility component of hospital outpatient department services.

*Comment:* Two other organizations commented that we should require that the employer of a nurse practitioner or a clinical nurse specialist bill for his or her professional services. The commenter stated that technically, some nurses can practice without direct supervision, but not independently of the supervising physician since the physician must review all records within 2 weeks. The commenter believes that safe and high quality medical care requires that diagnosis, evaluation, treatment, and management decisions be made by physicians who directly supervise nonphysician practitioners on-site. The commenter argues that, if payment is made directly to the nurses, the physician has no way of verifying what is billed when an employer relationship does not exist. Also, because collaboration does not require that the physician be present while services are furnished, and it does not require a physician to make an independent evaluation of each patient, there is no assurance that safe, high quality services are being performed.

*Response:* The law no longer requires that the employers of nurse practitioners and clinical nurse specialists bill for their services, as it does for physician assistants. The law does maintain the requirement, however, that these nonphysician practitioners must furnish their services in collaboration with a physician. Nurse practitioners and clinical nurse specialists have been educated and specially trained to furnish primary care and certain other services that have traditionally been furnished by physicians. As long as the services that nonphysician practitioners furnish are medically reasonable and necessary, meet Medicare requirements, and fall within the scope of services that they are licensed to perform, the Medicare program covers the services.

*Comment:* Numerous nurse practitioners and clinical nurse specialists commented that §§ 410.75(d) and 410.76(d) that pertain to services and supplies furnished incident to the professional services of a nurse practitioner or clinical nurse specialist should be clarified to state that these nonphysician practitioners need not be present in the same room where the services are being provided, but may be present and available in the office suite.

Additionally, these same commenters requested the elimination of the list of

examples of professional services performed by nurse practitioners and clinical nurse specialists at §§ 410.75(e)(3) and 410.76(e)(3), asserting that the list is too limited, confusing, and ultimately unnecessary.

*Response:* We agree that it may be more appropriate to include the list of examples of services in manual instructions to provide guidance to contractors to use in processing claims. Therefore, we are removing the listing of examples of services that can be provided by physician assistants at section 410.74(d)(3), nurse practitioners at section 410.75(e)(3), and clinical nurse specialists at section 410.76(e)(3).

*Comment:* One commenter suggested a language change to the requirement that "incident to" services be of a type that are commonly furnished in a physician's office, to also include a reference to the offices of other health professionals.

*Response:* The "incident to" requirements for nonphysician practitioners are the same requirements that apply to physicians and that have been in place since the inception of the Medicare program. The various "incident to" requirements are currently interpreted at section 2050 of the Medicare Carriers Manual. We will not amend any of the "incident to" requirements at this time.

*Comment:* A few nurses' associations commented that the proposed qualifications for nurse practitioners and clinical nurse specialists should be amended to clarify that these individuals must be licensed or certified by a professional association or an accrediting body that has, at a minimum, eligibility requirements that meet certain standards. One commenter stated that the accrediting body could be one that is recognized by us. These commenters explained that most organizations that certify nurses are not professional associations themselves; rather they are separately incorporated accrediting bodies. For example, the American Nurses Association does not certify nurse practitioners or clinical nurse specialists, but the American Nurses Credentialing Center (ANCC) does by utilizing standards developed by the nurse profession.

*Response:* Currently, the qualifications for nurse practitioners at section 2158 of the Medicare Carriers Manual require that such an individual be certified as a primary care nurse practitioner by the American Nurses' Association or by the National Board of Pediatric Nurse Practitioners and Associates. (Section 2160 of the Medicare Carriers Manual does not contain a specific certification criteria



for clinical nurse specialists.) Thus, the manual recognizes the ANCC as an appropriate certifying body for nurse practitioners.

*Comment:* One comment made was directed specifically toward the qualifications for nurse practitioners at § 410.75(b) of the proposed rule. One academy representing nurse practitioners stated that the intent of the law is to pay nurse practitioners who are licensed in their States to practice as such. Therefore, the qualifications for nurse practitioners should be that the individual be a registered nurse who is authorized to practice as a nurse practitioner in accordance with State law. This academy believes that the inclusion of additional requirements will exclude some fully qualified nurse practitioners who are certified by national certifying bodies that recognize grandfathering laws in the States and by States that currently use program accreditation or certification rather than national certification in their licensing processes for nurse practitioners.

*Response:* We agree with the commenter that the intent of the law is to pay nurse practitioners who are licensed in their States to practice as such. However, we believe that State licensure should not be the only qualification criterion that would enable nurse practitioners to bill the Medicare program directly for their professional services. Therefore, we will revise the qualification requirements to ensure that for Medicare purposes, appropriate individuals can bill the program for services furnished to Medicare beneficiaries.

*Comment:* One college representing nurse practitioners raised concerns about the types of services for which nurse practitioners can bill the Medicare program. The college stated that it wishes to ensure that we intend to permit a nurse practitioner to bill within a group practice setting for the services of all other licensed health care professionals and technicians in that practice. The commenter stated that, although the proposed rule does not indicate a problem with this billing arrangement, it would appreciate a specific statement from us about the arrangement.

*Response:* A nurse practitioner within a group practice setting would be permitted to bill the Medicare program for the services of all other licensed health care professionals and technicians within the practice, provided the services of others in the practice are furnished incident to the nurse practitioner's professional services and all the "incident to" requirements are met.

*Comment:* The college also stated that it is concerned that the proposed rule does not list nurse practitioners as designated providers of outpatient physical therapy and outpatient speech-pathology services. The college asks that the language of §§ 410.60 and 410.62 be amended to include nurse practitioners as nonphysician practitioners who are authorized to bill for these types of services.

*Response:* Nurse practitioners, clinical nurse specialists, and physician assistants may order physical therapy, occupational therapy, and speech-language pathology services in the case where the services are medically reasonable and necessary and the State in which they are practicing authorizes them to do so. Also, these nonphysician practitioners may also certify and recertify the plan of treatment for physical therapy, occupational therapy, and speech-language pathology services providing they are authorized by State law to perform such services. Accordingly, § 410.60 and 410.62 regarding physical therapy, occupational therapy, and speech-language pathology will be revised to include these nonphysician practitioners as designated providers of such services.

Result of evaluation of comments: We have determined that for purposes of Medicare Part B payment, a nurse practitioner must—

- Possess a master's degree in nursing;
- Be a registered professional nurse who is authorized by the State in which the services are furnished, to practice as a nurse practitioner in accordance with State law; and
- Be certified as a nurse practitioner by the ANCC or other recognized national certifying bodies that have established standards for nurse practitioners as stated above.

We have removed the alternate proposed definition of collaboration in §§ 410.75(c)(2)(iv) and 410.76(c)(2)(iv) of the proposed rule. For purposes of Medicare coverage, the collaboration requirement will state that nurse practitioners and clinical nurse specialists must meet the standards for a collaborative process, as established by the State in which they are practicing. In the absence of State law governing collaborative relationships, collaboration is a process in which these nonphysician practitioners have a relationship with one or more physicians to deliver health care services. Such collaboration is to be evidenced by nurse practitioners or clinical nurse specialists documenting their scope of practice and indicating

the relationships that they have with physicians to deal with issues outside their scope of practice. Nurse practitioners and clinical nurse specialists must document this collaborative process with physicians. The collaborating physician does not need to be present with the nurse practitioner or clinical nurse specialist when the services are furnished or to make an independent evaluation of each patient who is seen by the nurse practitioner or clinical nurse specialist.

Also, we are deleting the proposed listing of examples of services that can be provided by physician assistants, nurse practitioners and clinical nurse specialists.

#### *Coverage and Payment for Clinical Nurse Specialists' Services Subsequent to BBA*

Effective for services furnished on or after January 1, 1998, section 4511 of BBA authorizes clinical nurse specialists to bill the program directly for services furnished in any setting, regardless of whether the settings are located in rural or urban areas, but only if the facility or other providers of services do not charge or are not paid any amounts with respect to the furnishing of nurse practitioners' services. A new § 410.76(e) of this rule sets forth this provision.

The new § 410.76(b) sets forth new qualifications for clinical nurse specialists. Section 410.76(c) describes the conditions of coverage for clinical nurse specialists' services, defines the collaboration process, and paragraph (d) lists the requirements for services furnished incident to the professional services of a clinical nurse specialist.

New §§ 405.520(a), (b), and (c) of this rule provide the general rule, requirements, and civil monetary penalties for clinical nurse specialists. A new paragraph (c) is added to § 414.56 of this rule to set forth the payment amounts for clinical nurse specialists' services.

*Comment:* Numerous nurses associations commented specifically about the qualifications for clinical nurse specialists at § 410.76(b) of the proposed rule. They suggested that the qualifications for clinical nurse specialists be amended to require that a clinical nurse specialist be an individual who is a registered nurse currently licensed to practice as in the State in which he or she practices and have a master's degree in a defined clinical area of nursing from an accredited educational institution. The commenters emphasized that there is no need to provide for an exception as included in the proposed qualifications



for clinical nurse specialists, because the nursing profession has long held consensus that clinical nurse specialists be required to have a master's degree. Additionally, they believed that the definition of a clinical nurse specialist under the BBA makes it clear that a clinical nurse specialist must hold a master's degree. Furthermore, they stated that the proposed exception requirement contains erroneous information about the educational focus of clinical nurse specialist programs that may be preparatory both for primary care and specialty care.

*Response:* Prior to the BBA, section 2160 of the Medicare Carriers Manual required that a clinical nurse specialist had to satisfy the applicable requirements for a clinical nurse specialist in the State in which the services are performed. In the absence of State requirements, Medicare contractors had the discretion to determine whether an individual's qualifications warranted Medicare payment for clinical nurse specialist services. However, the BBA, which established qualifications for clinical nurse specialists, defines a clinical nurse specialist as an individual who is a registered nurse and is licensed to practice nursing in the State in which the services are performed and holds a master's degree in a defined clinical area of nursing from an accredited educational institution. Therefore, we will implement the BBA qualifications for clinical nurse specialists without an exception for clinical nurse specialists who do not possess a master's degree.

*Comment:* One independently practicing clinical nurse specialist argued that access to psychiatric clinical nurse specialists, in particular, is being denied even though they are the only mental health providers, other than psychiatrists, whose education, experience, and legal scope of practice include the management of co-morbid medical and psychiatric illness. Psychiatric clinical nurse specialists also provide services that include patient and family education to manage symptoms of illness and medications, evaluation and management of side effects, identification of adverse reactions, and evaluation of effectiveness of medications and psychotherapy. The commenter explained that all clinical nurse specialists in psychiatric nursing hold master's or doctoral degrees; have completed 2-years post-graduate, supervised, clinical experience; have passed a national board certification exam; and are required to obtain 75 hours of continuing education credit every 5 years. The commenter

concluded that psychiatric clinical nurse specialists are the only group of mental health providers whose practice is being restricted.

*Response:* Psychotherapy services are listed in the AMA's CPT coding book as "physician services". Nurse practitioners and clinical nurse specialists are authorized by the Medicare program to bill for services that would otherwise be furnished by a physician or incident to a physician's services. Accordingly, it is appropriate for the Medicare program to pay these nonphysician practitioners who have the specific training mentioned for psychotherapy services that are determined to be medically reasonable and necessary.

Result of evaluation of comments: We have determined that for purposes of Medicare Part B payment, a clinical nurse specialist must—

- Be a registered nurse who is currently licensed to practice in the State where he or she practices and be authorized to perform the services of a clinical nurse specialist in accordance with State law;
- Have a master's degree in a defined clinical area of nursing from an accredited educational institution; and
- Be certified as a clinical nurse specialist by the American Nurses Credentialing Center.

#### *Coverage and Payment for Certified Nurse-Midwives' Services*

Section 13554 of OBRA 1993 (Pub. L. 103-66) amended section 1861(gg)(2) of the Act to revise the definition of certified nurse-midwife. The revision eliminated a limitation on coverage and included, as covered services, those services furnished by certified nurse-midwives outside the maternity cycle. This change was made effective for services furnished on or after January 1, 1994.

A new § 410.77 of this rule lists the qualifications for certified nurse-midwives and provides the conditions for coverage of certified nurse-midwives' services. Paragraph (d) of § 410.77 lists the coverage requirements for the professional services of certified nurse-midwives, while paragraph (c) lists the requirements for services furnished incident to the professional services of a certified nurse-midwife.

The comments that we received from a major college representing certified nurse-midwives mainly addressed the proposed qualifications for these individuals.

*Comment:* The commenter urged that the qualifications for certified nurse-midwives be revised to read that the individual must—

(1) Be legally authorized to practice as a certified nurse-midwife under State law or regulations;

(2) Have successfully completed a program of study and clinical experience accredited by an accrediting body approved by the U.S. Department of Education; and

(3) Be currently certified as a nurse-midwife by the American College of Nurse-Midwives or by the American College of Nurse-Midwives Certification Council.

The college believed that these revised qualifications at § 410.77(a) would eliminate the possibility of individuals being able to practice as certified nurse-midwives in the Medicare program without having to take and pass appropriate certification examinations that are explicitly linked to a demonstrated mastery of the "core competencies" for basic nurse-midwife practice. These revised qualifications would, the commenter stated, also assure greater uniformity of quality and competency among certified nurse-midwives who wish to be paid by Medicare for services that they provide to Medicare patients.

*Response:* Section 1861(gg)(2) of the Act states that the term, "certified nurse-midwife" means a registered nurse who has successfully completed a program of study and clinical experience meeting guidelines prescribed by the Secretary, or has been certified by an organization recognized by the Secretary. Accordingly, we are implementing qualifications for certified nurse-midwives that implement these statutory requirements.

*Comment:* The other comment that the college representing certified nurse-midwives made was directed toward the criteria for determining payment to certified nurse-midwives for their professional services. The college stated that § 410.77(d)(1) should clarify that, while supervision of nonphysician staff by a nurse-midwife does not constitute a professional service, the service provided by the nonphysician may be paid to the certified nurse-midwife if it meets the requirements of a service incident to his or her service.

Additionally, the college suggested that § 410.77(d)(3) be revised to state that Medicare will pay a certified nurse-midwife for all services that he or she is legally authorized under State law or regulations to furnish as a certified nurse-midwife in the State, if those services are also covered services under the Medicare program. The college suggested this change because it maintains that certified nurse-midwives are qualified to perform "other services" that might not be interpreted to include



newborn care or certain primary care services, or primary care case management in a managed care context, and certain States license them to perform these "other services."

**Response:** The requirements pertaining to services furnished incident to the professional services of a certified nurse-midwife are listed separately at § 410.77(c) of the proposed rule. We do not want to confuse the requirements for the professional services of certified nurse-midwives with the requirements that pertain to services furnished incident to the professional services of certified nurse midwives.

Section 1861(gg)(1) defines the term, "certified nurse-midwife services" as services furnished by a certified nurse-midwife and services and supplies furnished as an incident to the nurse-midwife's service which the certified nurse-midwife is legally authorized to perform under State law as would otherwise be covered if furnished by a physician or as an incident to a physicians' service. Therefore, we agree with the statement made by the commenter that coverage of the professional services of certified nurse-midwives are not restricted to newborn care, certain primary care services, or primary care case management services if State law authorizes them to furnish "other services."

**Result of Evaluation of Comments:** We have determined that for purposes of Medicare Part B payment, a nurse-midwife must—

- Be a registered nurse who is legally authorized to practice as a nurse-midwife in the State where services are performed;
- Have successfully completed a program of study and clinical experience for nurse-midwives that is accredited by an accrediting body approved by the U.S. Department of Education; and
- Be certified as a nurse-midwife by the American College of Nurse-Midwives or the American College of Nurse-Midwives Certification Council. The Secretary reserves the right to determine that these accrediting bodies' standards are no longer sufficient for qualifying nurse midwives for Medicare Part B payment.

Also, a nurse-midwife may provide services that he or she is legally authorized to perform under State law as a nurse-midwife, if the services would otherwise be covered by the Medicare program when furnished by a physician or incident to a physicians' professional services.

#### *Coverage and Payment for Physician Assistants' Services Subsequent to BBA*

Effective for services furnished on or after January 1, 1998, the majority of the conditions for coverage of physician assistants' services as indicated by new §§ 410.74(a) and (b) remain unchanged with the exception of the condition for coverage of physician assistants' services furnished in certain areas and settings. Section 4512 of BBA removes the restrictions on the sites in which physician assistants may furnish their professional services, regardless of whether the settings are located in rural or urban areas. Physician assistants are authorized to furnish their professional services as independent nonphysician practitioners to practically all providers of services and suppliers of services, provided the facility or other provider of services do not charge or is not paid any amounts with respect to the furnishing of physician assistants' professional services. Accordingly, separate payment may be made for physician assistants' services in all settings, except in RHCs and FQHCs; physician assistant services are included as RHC and FQHC services for which Medicare payment is made based on an all-inclusive payment rate that the program makes to these facilities.

In new § 410.74(c), we proposed to amend the qualifications for physician assistants to recognize certification of physician assistants by the National Board of Certification of Orthopedic Physician Assistants. These qualifications would also have recognized academic programs for physician assistants that are accredited by either the Commission on Accreditation of Allied Health Education Programs or the American Society of Orthopedic Physician Assistants.

Additionally, effective January 1, 1998, physician assistants have the option of furnishing services under a different employment arrangement with a physician. They can furnish services as employees of a physician under a W-2 form employment arrangement or they can furnish services as an independent contractor to a physician and receive a 1099 form. Under either arrangement, the employer of the physician assistant must bill the program for physician assistants' services as required under § 410.150(b)(15). Moreover, when an individual furnishes services "incident to" the professional services of a physician assistant, these ancillary services must meet the requirements under § 410.74(a)(2)(vi)(B).

The Medicare payment amount for a physician assistant's professional

services as of January 1, 1998, as stated in new paragraph (d) of § 414.52, remains at 80 percent of the lesser of either the actual charge or 85 percent of the physician fee schedule amount for professional services. Also, new § 405.520 provides the general rule, requirements, and civil monetary penalties for physician assistants who furnish services under the Medicare program.

We received a total of 140 comments on the proposed physician assistant qualifications. Half of all of the commenters strongly opposed the inclusion of orthopedic physician assistants (OPAs) under the qualifications for physician assistants. The others commenting on the inclusion of OPAs applauded and supported their inclusion and suggested a few minor changes to the qualifications overall.

**Comment:** The commenters who strongly opposed the proposed physician assistant qualifications included professional organizations, individual physician assistants, State level professional societies and academies, congressional representatives, educational institutions, hospitals, and a board of medical examiners. The commenters stated overwhelmingly that the proposed qualifications for physician assistants inappropriately included orthopedic physician assistants and that orthopedic physician assistants are not physician assistants even if the acronyms (PA and OPA) appear to be similar. The majority of commenters who opposed the inclusion of OPAs noted that they would not object, however, if the Congress implemented a Medicare benefit that recognizes orthopedic physician assistants as separate independent nonphysician practitioners, and, in that case, there should be a payment differential in the amounts of payment made to physician assistants and orthopedic physician assistants that would reflect a higher payment to PAs because they have a greater career investment, patient care responsibility, and higher malpractice insurance costs than OPAs.

The commenters stated that PAs and OPAs do not receive the same education and training, accreditation, certification, or State licensure, and their continuing medical education requirements are not similar. These commenters stated that the curricula for the physician assistant educational programs reveal that these programs emphasized primary care involving diagnosis and treatment of five major clinical disciplines (medicine, surgery, pediatrics, psychiatry, and obstetrics), as well as pharmacology. The training period for



PAs lasts anywhere from 24 to 28 months. The orthopedic educational programs train technical assistants to assist orthopedic surgeons, with an emphasis on orthopedic disease and injury, management of equipment and supplies, operating room techniques, cast application and removal, office procedures, and orientation to prosthetics and orthotics. The training period for OPAs lasted for no more than 24 months.

The commenters asserted that the Commission on Accreditation of Allied Health Education Programs (CAAHEP) must accredit all physician assistant educational programs. CAAHEP is a national independent accrediting agency that is recognized by the U.S. Department of Education and sponsored by medical, allied health, and educational organizations. However, there are currently no existing OPA programs to be accredited. The AMA accredited eight orthopedic physician assistant educational programs from 1969 to 1974. Accreditation ceased in 1974 when the American Academy of Orthopedic Surgeons withdrew sponsorship of the accreditation process.

The commenters stated that PAs are required to take and pass a national examination after graduation from a physician assistant educational program that is certified by the National Council on Certification of Physician Assistants (NCCPA). The NCCPA national certification examination is open only to those individuals who have graduated from accredited physician assistant educational programs. The NCCPA, which provides the certified national examination, is an independent organization whose governing board has representatives from the American Medical Association, American Hospital Association, American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American College of Surgeons, National Medical Association, Association of American Medical Schools, Federation of State Medical Boards, U.S. Department of Defense, Association of Physician Assistant Programs, and the American Academy of Physician Assistants. The NCCPA also includes three public members.

OPAs who have had on-the-job training or other mid-level paraprofessionals who challenge the exam and have had on-the-job training may take the examination for OPAs that is certified by the National Board on Certification for Orthopedic Physician Assistants (NBCOPA). The NBCOPA certification examination is an open examination and is currently reached

through the Professional Testing Corporation, a for-profit business that administers tests for various organizations. The NBCOPA is comprised of six members of the American Society of Orthopedic Physician Assistants (ASOPA), the orthopedic physician assistant professional society, and an unspecified number of advisory members who are presumably non-voting physicians and educators. There is no organized medical group that sponsors or oversees the national certification examination for OPAs other than ASOPA.

The commenters emphasized that all States except Mississippi license and regulate PAs. Forty-three States, the District of Columbia, and Guam have enacted laws to authorize PAs to prescribe medicine. Thirty-three States authorize PAs to write prescriptions for controlled medications. Conversely, only Tennessee specifically licenses OPAs. Tennessee's licensure of OPAs is, however, separate from its licensure of PAs. California and New York have laws referencing OPAs, but the laws refer to OPAs as distinct from PAs. California refers to OPAs who successfully completed training as OPAs from an approved California orthopedic physician assistant educational program in any year between 1971 to 1974 to perform only those orthopedic medical tasks that a physician and surgeon may delegate. New York defines the qualifications for PAs in terms broad enough to include OPAs. The New York State regulations do not limit the acceptable examination to the NCCPA certification examination. Therefore, the NBCOPA certification examination could be considered to adequately assess entry level skills for the physician assistant profession. None of the other States, however, recognize OPAs, and none of the States specifically grant OPAs prescribing privileges.

Additionally, the commenters explained that PAs are required to log 100-hours of continuing medical education over a 2-year cycle and to take a recertification exam every 6 years to maintain certification as PAs. On the other hand, OPAs are required to complete 120 hours of continuing medical education every 4-years or retake the initial NBCOPA certification examination to maintain certification as OPAs.

The professional organizations representing PAs and numerous independent PAs and congressional representatives argued that the proposed changes to the PA qualifications run counter to our twin goals of controlling costs to the Medicare program and

maintaining the quality of services furnished to Medicare beneficiaries. There are approximately 49,000 surgical technologists and 3,000 registered nurse first assistants and an uncounted number of unlicensed medical school graduates (for example, from other countries). These individuals could potentially qualify as PAs under the proposed qualifications by getting the requisite orthopedic work experience and passing the orthopedic physician assistant examination that is certified by NBCOPA. Thus, the number of individuals who could qualify for payment under the PA benefit ultimately is substantial.

Additionally, these commenters argued that the proposal to include OPAs as PAs runs counter to congressional intent because the BBA, which amends coverage payment for PAs, does not include any mention of OPAs. They state that the debate on the BBA provisions for physician assistants, nurse practitioners, and clinical nurse specialists did not include any discussion of orthopedic physician assistants or any other types of physician extenders, nor did the Congressional Budget Office consider orthopedic physician assistants or other types of specialty physician extenders when projecting the costs of physician assistant services under the BBA. Furthermore, these commenters stated that the primary sponsors of the 1977 Rural Health Clinic Services Act acknowledged the educational preparation of PAs to provide a wide range of primary care services to Medicare beneficiaries living in areas experiencing a shortage of primary care physicians. While orthopedic technicians may provide valuable, specialized services in assisting orthopedic surgeons, they do not have an educational background in primary care. Consequently, they are not qualified to provide the wide range of primary care services that the Congress anticipated when it recognized the need to cover and pay for the services of PAs under Medicare.

Finally, the commenters urged us to require that, in order for an individual to qualify as a PA under Medicare, he or she must (1) possess State approval to practice as a PA, and (2) demonstrate either graduation from a physician assistant educational program accredited by CAAHEP or certification by NCCPA.

The commenters who supported the inclusion of OPAs under the physician assistant benefit were represented by a national society and academy, orthopedic surgeons, independent orthopedic physician assistants,



hospitals, universities, and organizations that provide orthopedic surgical services. The national society representing OPAs declared that our clarification of the PA qualifications does not relate to payment because orthopedic surgeons are already paid for many services provided by OPAs incident to their professional services. Rather, it believes that the clarification is about recognition of OPAs.

The national academy representing orthopedic surgeons, numerous independent orthopedic surgeons, and OPAs stated that OPAs are specially trained to assist orthopedic surgeons in surgical procedures and other services involving the total care of patients with orthopedic conditions of the anatomy and pathophysiology of the musculoskeletal organ system. Commenters state that OPAs receive extensive training that includes rotations in general medicine and surgery, history and physical assessment, and pharmacology. Additionally, they say, OPAs are trained to obtain medical histories, perform physical examinations, assist the physician in developing and implementing patient management plans, perform common laboratory, radiologic, and other routine diagnostic procedures, and provide injections, immunizations, suturing and wound care, among other services. Other services that these groups have stated that OPAs may perform include the application, fabrication and removal of casts, splints, braces and orthopedic hardware, emergent care of trauma patients, pre- and post-operative care, and serving as first and second assistants to orthopedic surgeons for all procedures. A few commenters noted that the only orthopedic experience that the primary care physician assistants have is received during a 6-week rotation within the 4-year primary care educational program.

Many orthopedic surgeons and others stated that the specialty training that OPAs receive has enabled them to become extremely valuable to their practices freeing up orthopedic surgeons to perform other tasks. Also, some commenters stated that they have found PAs and OPAs to be equally competent and in some cases, OPAs have proven to be more competent than PAs. Therefore, OPAs are very quickly becoming an integral part of their patient care teams. A professional organization commented that the inclusion of OPAs under the PA benefit should not result in exorbitant costs to the Medicare program because there are only approximately 1,000 OPAs who could meet the proposed PA

qualifications. Also, when Tennessee established State licensure for OPAs, the State Comptroller's office found that there was an increase in State revenues from fees collected and a slight, but not significant, increase in State expenditures for administering the program.

The national society representing OPAs suggested specific language be added to the proposed PA qualifications to require formal education programs for OPAs.

*Response:* After reviewing more closely information about the distinctions between PAs and OPAs, and after reviewing the comments that we received on the proposal to include OPAs as PAs, we have determined that it would not be appropriate to treat OPAs in the same way as PAs. There are substantial differences in education and training, certification examinations, accreditation of educational programs, and State licensure and regulation of PAs and OPAs. Additionally, we believe that the 1977 Rural Health Clinic Services Act, which first recognized and paid for the services of PAs under Part B of the Medicare program, would have specifically recognized OPAs as within its scope if it intended to do so. We also believe that a significant number of individuals, exceeding the approximately 1,000 currently practicing OPAs, could qualify as PAs under the proposed rule because the national certification examination for OPAs is currently open to other mid-level nonphysician practitioners who challenge the examination and have had on-the-job training.

*Comment:* We did not specifically solicit public comment in the proposed rule on the BBA provision that authorized PAs to provide services under an arrangement as independent contractors, in addition to performing services as an employee of entities or individuals such as a physician, medical group, professional corporation, hospital, skilled nursing facility, or nursing facility. However, we discussed, in the background section of the proposed rule, that effective January 1, 1998, PAs have the option of furnishing services under an independent contractor arrangement. Under either arrangement, we explained that the employer of the PA must bill the program for services furnished by the PA. As a result of this discussion, one commenter stated that, generally, PAs have been under the direction of a physician, and they have not been viewed as independent contractors. Therefore, the commenter emphasized that clarification is needed about PAs

performing in an independent contractor employment relationship.

*Response:* Regardless of whether a PA performs services under an employment relationship or under an independent contractor relationship, the Medicare statute requires that he or she furnish services under the general supervision of a physician, and the employer of the PA must always bill for the services furnished.

However, just as we adopt the Internal Revenue Service's definition of an employer/employee employment relationship, we also adopt the Internal Revenue Service's definition of an independent contractor relationship.

Some of the distinctions between an employer/employee and an independent contractor relationship are that, under an independent contractor relationship, the employer does not generally have to withhold or pay any taxes on payments to independent contractors and the employer has virtually no behavioral or financial control over the independent contractor. That is, under an independent contractor relationship, the independent contractor works autonomously without any instructions from his or her employer about when, where, and how to work. The contractor is engaged to perform services for a specific project or period of time, for which he or she is paid at the completion of the project. Independent contractors can make a profit or loss. The services that the independent contractor performs may not be a key aspect of the employer's regular business and, therefore, an independent contractor may have a significant investment in the facilities he or she uses in performing services for the employer. Additionally, the employer of an independent contractor may not provide employee-type benefits such as insurance, a pension plan, vacation pay, or sick pay.

Result of evaluation of comments: We have determined that for purposes of Medicare Part B payment, a physician assistant is an individual who—

- Has graduated from a physician assistant educational program that is accredited by the National Commission on Accreditation of Allied Health Education Programs;
- Has passed the national certification examination that is certified by the National Commission on Certification of Physician Assistants; and
- Is licensed by the State to practice as a physician assistant.



### *E. Payment for Teleconsultations in Rural Health Professional Shortage Areas*

In section 4206 of BBA, the Congress required that, not later than January 1, 1999, Medicare Part B pay for professional consultations by a physician via interactive telecommunications systems (teleconsultations).

Under section 4206(a) of BBA, payment may be made under Part B, provided the teleconsultation service is furnished to a beneficiary who resides in a county in a rural area designated as a Health Professional Shortage Area (HPSA). This payment is notwithstanding that the individual physician or practitioner providing the professional consultation is not at the same location as the physician or practitioner furnishing the service to that beneficiary. (For the purposes of convenience, in this section the term "practitioner" is used to mean physicians and practitioners as specified.)

Section 4206(b) of BBA also required that the Secretary establish a methodology for determining the amount of payments made for a teleconsultation within the following parameters:

- The payment is to be shared between the referring practitioner and the consulting practitioner.
- The amount of the payment is not to exceed the current fee schedule amount that would be paid to the consulting practitioner.
- The payment is not to include any reimbursement for any telephone line charges or any facility fees, and a beneficiary may not be billed for these charges or fees.
- The payment is to be subject to the coinsurance and deductible requirements under section 1833 (a)(1) and (b) of the Act.
- The payment differential of section 1848(a)(3) of the Act is to be applied to services furnished by nonparticipating physicians.
- The provisions of sections 1848(g) and 1842(b)(18) of the Act are to apply.
- Further, payment for the consultation service is to be increased annually by the update factor for physicians' services determined under section 1848(d) of the Act.

In addition, the statute directs that, in establishing the methodology for determining the amount of payment, the Secretary take into account the findings of the report required by section 192 of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), the findings of the report

required by section 4206(c) of BBA, and any other findings related to clinical efficacy and cost-effectiveness of telemedicine applications.

### *Provisions of HCFA-1906-P*

On June 22, 1998, we published a proposed rule titled "Payment for Teleconsultations in Rural Health Professional Shortage Areas" (HCFA-1906-P) (63 FR 33882) that would implement the provisions of section 4206 of the BBA addressing Medicare reimbursement for telehealth services.

### *Regulatory Provisions*

In proposed § 410.75(a)(1), we required that as a condition for Medicare Part B payment for a teleconsultation, the referring and the consulting practitioner be any of the following:

- A physician as described in existing § 410.20.
- A physician assistant as defined in existing § 491.2.
- A nurse practitioner as defined in existing § 491.2.
- A clinical nurse specialist as described in existing § 424.11(e)(6).
- A certified registered nurse anesthetist or anesthesiologist's assistant as defined in existing § 410.69.
- A certified nurse-midwife as defined in existing § 405.2401.
- A clinical social worker as defined in section 1861(hh)(1) of the Act.
- A clinical psychologist as described in existing § 417.416(d)(2).

We required, in proposed § 410.75(a)(2), that teleconsultation services be furnished to a beneficiary residing in a rural area as defined in section 1886(d)(2)(D) of the Act that is designated as an HPSA under section 332(a)(1)(A) of the Public Health Service Act. For purposes of this requirement, the beneficiary is deemed to be residing in such an area if the teleconsultation presentation takes place in such an area.

In proposed §§ 410.75(a)(3) through 410.75(a)(5) we specified further that teleconsultations must meet the following requirements in order to be covered by Medicare Part B:

- The medical examination of the beneficiary must be under the control of the consultant practitioner.
- The consultation must involve the participation of the referring practitioner, as appropriate to the medical needs of the patient, and as needed to provide information to and at the direction of the consultant.
- The consultation results must be in a written report that is furnished to the referring practitioner.

We defined "interactive telecommunications systems" in

paragraph (b) of proposed § 410.75, as multimedia communications equipment that includes, at a minimum, audio-video equipment permitting two-way, real-time consultation among the patient, consulting practitioner, and referring practitioner as appropriate to the medical needs of the patient and as needed to provide information to and at the direction of the consulting practitioner. Telephones, facsimile machines, and electronic mail systems do not meet the definition of interactive telecommunications systems.

### *Payment Provisions*

*Proposed regulatory provisions:* We proposed adding § 414.62 (Payment for consultations via interactive telecommunication systems) to our regulations.

We specified, in paragraph (a) of proposed § 414.62, that Medicare total payments for a teleconsultation may not exceed the current fee schedule amount for the service when furnished by the consulting practitioner. We further specified that the payment (1) may not include any reimbursement for any telephone line charges or any facility fees, and (2) is subject to the coinsurance and deductible requirements of section 1833(a)(1) and (b) of the Act. We also specified in paragraph (b) that the payment differential of section 1848(a)(3) of the Act applies to services furnished by nonparticipating physicians.

In paragraph (c) of proposed § 414.62, we provided that payment to nonphysician practitioners is made only on an assignment-related basis. Paragraph (d) provided that only the consultant practitioner may bill for the consultation, and paragraph (e) required the consultant practitioner to provide the referring practitioner 25 percent of any payments, including any applicable deductible or coinsurance amounts, he or she received for the consultation.

Paragraph (f) specified that a practitioner may be subject to the sanctions provided for in 42 CFR chapter V, parts 1001, 1002, and 1103 if he or she (1) knowingly and willfully bills or collects for services in violation of the limitations of proposed § 414.62 on a repeated basis, or (2) fails to timely correct excess charges by reducing the actual charge billed for the service to an amount that does not exceed the limiting charge or fails to timely refund excess collections.

### *Analysis of and Response to Public Comments to HCFA-1906-P Eligibility Provisions*

*Comment:* Most commenters applauded HCFA's decision to include



both partial and full county geographic HPSAs when determining eligibility. However, a few commenters believed we should not limit eligibility to rural HPSAs. One commenter stated that the proposed eligibility criteria discriminated against elderly persons living in other remote areas. Another commenter suggested that travel time or distance to the specialist, not the availability of primary care physicians in the community, are the most important criteria for elderly patients in need of specialty consultation.

*Response:* BBA limits eligibility for teleconsultation to rural areas as defined by section 1886(d)(2)(D) of the Act designated as an HPSA as defined by section 332(A)(1)(a) of the Public Health Service Act. This section of the Public Health Service Act defines an HPSA as an area that the Secretary determines has a shortage of health professionals and is not reasonably accessible to an adequately serviced area.

We believe that, it is likely that in an area where sources of primary care are a considerable distance and travel time away, the same would be true for specialty care. In any event, we do not have the authority to expand eligibility for teleconsultation beyond what is specified by BBA.

*Comment:* One commenter questioned whether psychiatric, dental, and facility HPSAs are eligible for teleconsultation.

*Response:* As discussed above, HPSA eligibility is limited to eligibility under section 332(a)(1)(A) of the Public Health Service Act. This section of the law references geographic HPSAs only.

#### Coverage Provisions

*Comment:* Many commenters requested that we include payment for the use of store-and-forward technology within the scope of coverage of this provision. Commenters believed that, for many specialties, store-and-forward technology provided the same information that would be provided in a live consultation.

For instance, several commenters recommended that we broaden the definition of a consultation to allow stored full-motion video exams or other representations to substitute for the presence of the patient. Other commenters recommended payment for store-and-forward applications such as dermatology photos and orthopedic digital x-rays.

Other justifications for coverage of store-and-forward technology included lack of infrastructure and scheduling difficulties. A few commenters mentioned congressional interest in providing coverage and payment for the

use of store-and-forward technology in providing a consultation.

*Response:* We believe that a teleconsultation is a different method of delivering a consultation service. To that end, we view a teleconsultation as an interactive patient encounter that must meet the criteria for a given consultation service included in the American Medical Association's (AMA) Current Procedure Terminology.

In the proposed rule, we specified that the minimum technology necessary to deliver a consultation must include interactive audio and video equipment permitting two-way real-time communication between the beneficiary, consulting practitioner, and referring practitioner as appropriate. For Medicare payment to occur, the patient must be present, and the telecommunications technology must allow the consulting practitioner to conduct a medical examination of the patient.

The telecommunications requirements do not mandate full motion video. If the telecommunications technology permits two-way interactive audio and video communication allowing the consulting practitioner to conduct a medical exam, Medicare would make payment for a teleconsultation.

These requirements would not prohibit the use of higher end store-and-forward technology in which less than full motion video is sufficient to perform an interactive examination at the control of the consulting practitioner. When performed in real-time, with the patient present, store-and-forward may allow the consultant physician to control the examination by requesting additional, real-time pictures of the patient that are transmitted immediately to the online consultant.

Traditional store-and-forward technology in which an examination, diagnostic test, or procedure is filmed and later transmitted can be used in conjunction with the interactive (via audio-video technology) examination to facilitate the consultant's decision making. However, for Medicare payment to occur, the patient must be present in real-time.

We do not propose to make separate payment provisions for the review of medical records via telecommunications in this final rule. BBA gives payment authority for consultation via telecommunications with a physician or practitioner described in section 1842(b)(18)(C) of the Act, furnishing a service for which payment may be made under Medicare. Medicare currently does not make separate payment for the

review and interpretation of medical records.

Separate payment for traditional store-and-forward applications may be appropriate for many forms of diagnostic testing including radiology, electrocardiogram, and electroencephalogram interpretations, as well as imaging studies such as magnetic resonance imaging and ultrasound. Medicare currently allows coverage and payment for medical services delivered via telecommunications systems that do not require a face-to-face "hands on" encounter. Section 2020(A) of the Medicare Carriers Manual addresses this issue and lists radiology, electrocardiogram, and electroencephalogram interpretations as examples of such services.

Review of dermatology photos would not be considered a consultation. We believe that this would be a new service for which payment could not currently be made under Medicare. BBA limits the scope of coverage to professional consultations for which payment may be made under Medicare.

*Comment:* Many commenters believed that we should be more stringent regarding practitioners who can be consultants. For instance, a number of commenters believed that a certified registered nurse anesthetist, anesthesiologist assistant, clinical psychologist, or clinical social worker should not be eligible to be a consulting practitioner because Medicare does not make payment for consultations provided by these practitioners. Additionally, commenters stated that consultation is beyond the scope of practice for these practitioners.

*Response:* In the proposed rule for teleconsultation we specified that all practitioners described in section 1842(b)(18)(C) of the Act qualify to be a consulting and a referring practitioner. These practitioners include: a physician, physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, anesthesiologist assistant, certified nurse midwife, clinical psychologist, and clinical social worker.

After further review of this proposal, we have determined that allowing clinical psychologists, clinical social workers, certified nurse anesthetists, and anesthesiologist assistants to provide a teleconsultation is inconsistent with the Medicare benefit.

We believe that a professional consultation delivered via telecommunications is a method of delivering a consultation service, rather than a new service. For instance, BBA section 4206(a) states that "payment



shall be made for professional consultations via telecommunications systems with a physician or practitioner described in section 1842(b)(18)(C) of the Act furnishing a service for which payment may be made \* \* \* .” Moreover, section 4206(b) of BBA states “the amount of such payment shall not be greater than the current fee schedule of the consulting physician or practitioner.”

Under existing Medicare policy, clinical psychologists, clinical social workers, certified registered nurse anesthetists, and anesthesiologist assistants cannot bill, nor receive payment, for consultation services under Medicare. Therefore, these particular practitioners are prohibited from billing for a teleconsultation because, under the Medicare program, no payment would be made for a consultation service provided by these practitioners.

In addition, we have reviewed our proposed policy which allowed certified registered nurse anesthetists and anesthesiologist assistants to refer Medicare beneficiaries for teleconsultation. After review, we have decided to omit these practitioners as eligible to refer patients for teleconsultation. Section 1861(bb) of the Social Security Act defines services provided by these practitioners as anesthesia services and related care. Currently, our view is that the nature of these services is such that certified registered nurse anesthetists and anesthesiologist assistants would not request a consultation as defined by the Physicians' Current Procedure Terminology. Thus, we are excluding certified registered nurse anesthetists and anesthesiologist assistants from the list of referring practitioners. We invite specific comments regarding this issue.

To implement this policy change, we are omitting clinical psychologists, clinical social workers, certified registered nurse anesthetists, and anesthesiologist assistants from being consulting practitioners as follows at redesignated § 410.78(a)(1):

- (1) The consulting practitioner is any of the following:
- (i) A physician as described in § 410.20.
  - (ii) A physician assistant as defined in § 410.74.
  - (iii) A nurse practitioner as defined in § 410.75.
  - (iv) A clinical nurse specialist as defined in § 410.76.
  - (v) A nurse-midwife as defined in § 410.77.

Additionally, a new section is added to omit certified nurse anesthetists and anesthesiologist assistants as referring practitioners as follows at redesignated § 410.78(a)(2):

(2) The referring practitioner is any of the following:

- (i) A physician as described in § 410.20.
- (ii) A physician assistant as defined in § 410.74.
- (iii) A nurse practitioner as defined in § 410.75.
- (iv) A clinical nurse specialist as defined in § 410.76.
- (v) A nurse-midwife as defined in § 410.77.
- (vi) A clinical psychologist as described at § 410.71.
- (vii) A clinical social worker as described in section 410.73.

*Comment:* We received a number of comments regarding the referring practitioner participation requirements. Several commenters believed that requiring the participation of the referring practitioner as a condition of payment is unreasonable. They believed this responsibility can usually be delegated to a midlevel practitioner or, in some cases, no presenting practitioner. Commenters made the case that the referring practitioner does not travel to the consultant's office for a traditional consultation and therefore should not be required to participate in a teleconsultation.

*Response:* We have reviewed our proposed policy requiring the participation of the actual referring practitioner as appropriate to the medical needs of the patient. After review we have decided to amend this policy to allow all practitioners listed as referring practitioners in this rule to be eligible to present a Medicare beneficiary for teleconsultation. However, if the practitioner is not the actual referring practitioner, he or she must be an employee of the referring practitioner.

Hence, if a primary care physician determines that a specialty consultation is necessary, he or she could delegate the presentation of the beneficiary to an eligible referring practitioner (i.e., nurse practitioner, physician assistant, nurse midwife, clinical nurse specialist, clinical psychologist, or clinical social worker) who is an employee.

We clarify, that for circumstances where the condition of the patient may not medically require the participation of a presenting practitioner, we would not require the participation of a presenting practitioner as a condition of payment for the teleconsultation.

When no practitioner is present with the patient, the consultant will continue to share 25 percent of total payments with the referring practitioner. As discussed in the payment provision section of this document, the 25-percent allocation is intended to reflect the average amount of new work performed by the referring practitioner over many teleconsultations. However, because of

the potential for fraud or abusive practices in these situations where the referring practitioner is not present with the patient, HCFA in consultation with the Office of the Inspector General will monitor these services in our review of the Medicare teleconsultation benefit.

To execute this policy in this final rule, proposed § 410.75(a)(5), redesignated as § 410.78(a)(5), specifies that as a condition of payment, the teleconsultation involves the participation of the referring practitioner or a practitioner described in section 1842(b)(18)(C) of the Act (other than a certified registered nurse anesthetist or anesthesiologist assistant) who is an employee of the referring practitioner, as appropriate to the medical needs of the beneficiary and to provide information to and at the direction of the consulting practitioner.

*Comment:* Several commenters requested clarification regarding the availability of the referring practitioner while the teleconsultation takes place.

*Response:* A practitioner who is eligible to be a referring practitioner, as described in redesignated § 410.78(a)(2) (formerly § 410.75(a)(2)), is required to be present in the office suite or hospital wing and available to participate in the teleconsultation as necessary. We do not mandate that a practitioner be present in the room while the teleconsultation is taking place.

As discussed earlier in this document, a presenting practitioner's participation is required as appropriate to the medical needs of the beneficiary and to provide information at the direction of the consulting practitioner. However, if the medical needs of the beneficiary require the participation of a presenting medical professional, that professional must be a practitioner described in redesignated § 410.78(a)(2).

*Comment:* A few commenters requested clarification regarding whether the referring practitioner may bill for other services on the same day that the teleconsultation takes place. A suggestion was made that a referring practitioner should be permitted to bill for a primary care visit on the same day as a teleconsultation if the primary care visit is the basis of the consultation or for a medical problem unrelated to the consultation.

*Response:* On the day the teleconsultation occurs, the referring practitioner may bill for the office, outpatient, or inpatient visit that preceded the need for a consultation. Additionally, the referring practitioner could bill for other services as ordered by the consultant, or for services unrelated to the medical problem for which a consultation was requested.



However, the referring practitioner is prohibited from billing for a second visit for his or her role in presenting the patient at the time of teleconsultation. The consulting practitioner is responsible for billing Medicare for the consultation service.

*Comment:* Many commenters suggested an expansion in the scope of coverage beyond consultation services including speech pathology, occupational therapy, diabetic self management, psychotherapy, office and other outpatient visits for new and established patients, nursing facility services, and patient education and diagnostic interviews. Additionally, the nature of the comments indicated a belief that consultation can only be requested for a limited number of conditions or specialties and that a consultation service can only be provided once per patient.

*Response:* Section 4206(a) of BBA limits the scope of coverage to professional consultation for which payment is currently made under Medicare. We believe that a consultation is a specific service that meets the criteria specified for a consultation service in the AMA 1998 Current Procedure Terminology. BBA does not give authority to cover services beyond consultation under this provision.

We clarify that a consultation can be requested by a physician or practitioner for many medical specialties including, but not limited to: cardiology, pulmonary, neurology, dermatology, gastrology, and psychiatry. Additionally, the scope of coverage for teleconsultation is not limited to the initial request for consultation from the referring practitioner. If an additional request for consultation regarding the same or new problem is received from the attending practitioner and documented in the medical records, another teleconsultation may be billed.

*Comment:* Two commenters requested clarification of whether a physician assistant is eligible to be a consultant under this provision.

*Response:* A physician assistant, as defined in existing § 410.74, is eligible to bill for a teleconsultation.

*Comment:* A number of commenters believed that, in many cases, a registered nurse, or other medical professional, is qualified to present the patient to the consultant. One commenter believed that patient care has never suffered when a medical professional not recognized as a Medicare practitioner is used to present the patient and only a small percentage of cases actually require a physician, nurse practitioner, or physician

assistant to be present for the teleconsultation.

*Response:* Section 4206(a) of BBA specifies that the individual physician or practitioner providing the professional consultation does not have to be at the same location as the physician or practitioner furnishing the service to the beneficiary. We believe this language is limiting and requires that a practitioner, as recognized under section 1842(b)(18)(C) of the Act, must be present with the patient during the teleconsultation. Since the same phrase describes the medical professional at both ends of the teleconsultation, we believe that it would be difficult to interpret the phrase to have one meaning for purposes of identifying the consultant and a different meaning for purposes of identifying who may be physically with the patient. Therefore, registered nurses, and other medical professionals not recognized as practitioners under section 1842(b)(18)(C) cannot act as presenters during teleconsultations.

*Comment:* A few commenters believed that the range of medical professionals eligible to provide a teleconsultation should be expanded beyond what is allowed by BBA. Suggestions included physical therapists, respiratory therapists, and occupational therapists. Commenters stated that outpatient rehabilitation following a stroke or other disorder is less expensive and better than prolonged inpatient care. Other commenters suggested that nurse specialists and registered nurses be allowed to provide a consultation service. Commenters stated that nurses provide education to patients without the presence of a physician or other practitioner.

*Response:* BBA limits the medical professionals who may be consultants to physicians or practitioners described in section 1842(b)(18)(C) of the Act. These practitioners include a clinical nurse specialist as described in § 410.76; however, nurses who are not recognized as practitioners under section 1842(b)(18)(C) of the Act are not eligible to provide a teleconsultation. This section of the law does not include physical therapists, respiratory therapists, and occupational therapists. We have no authority to expand the statutory definition.

*Comment:* One commenter stated that a certain State law requires the referring practitioner to have the ultimate authority over the care of the patient. The commenter believed that this requirement conflicts with our proposed rule which specifies that the

examination be at the control of the consulting practitioner.

*Response:* We clarify that the language at proposed § 410.75(a)(4), redesignated in this final rule as § 410.78(a)(4), "The medical examination of the beneficiary is under the control of the consultant practitioner," does not mean that the referring practitioner relinquishes the overall responsibility for a beneficiary's care. The intent of this requirement is to clarify that the consulting practitioner is conducting a real-time examination with the patient present, rather than reviewing a prior examination, diagnostic test, or procedure prepared in advance by the referring practitioner.

#### *Payment and Billing Provisions*

*Comment:* One commenter believed that the discussion of general Medicare payment policy is unclear. The commenter specifically questioned the applicability of coinsurance.

*Response:* Generally, under Medicare part B, Medicare pays 80 percent of the lower of the actual charge or appropriate fee schedule amount, presuming the beneficiary has met his or her Medicare part B deductible. Under the Medicare program and for purposes of this provision, the maximum Medicare payment for a teleconsultation provided by a participating physician would be based on 80 percent of the physician fee schedule, presuming that the deductible had been met. For all other eligible consulting practitioners, the maximum Medicare payment amount would be 80 percent of 85 percent of the physician fee schedule. The beneficiary would be responsible for 20 percent of the appropriate payment amount.

An example of this formula using \$100 as the Medicare physician fee schedule amount is provided below.

*Payment for a teleconsultation when a participating physician is the consultant:*

- Medicare Physician Fee Schedule: \$100.
- Max. Medicare Payment Amount (80% of \$100): \$80.
- Coinsurance (20% of \$100): \$20.
- Total Payment Amount: \$100.

*Payment for a teleconsultation when an eligible non-physician practitioner is the consultant:*

- Medicare Physician Fee Schedule: \$100.
- Practitioners Respective Percentage of the Physicians Fee Schedule and Resulting Non-Physician Fee Schedule Amount (85% of \$100): \$85.
- Max. Medicare Payment Amount (80% of \$85): \$68.
- Coinsurance (20% of \$85): \$17.
- Total Payment Amount: \$85.



*Comment:* One commenter questioned whether Medigap, Medicaid, and other supplemental insurance will pay the 20-percent coinsurance for teleconsultations.

*Response:* Medicare Supplemental Insurance (MSI) will pay the 20-percent coinsurance for covered teleconsultations. MSI coverage including Medigap, Medicaid, or employer plans have been standardized across the country. All MSI plans provide what are known as "basic benefits," which are defined to include Medicare Part B coinsurance for covered services (20 percent of the Medicare-approved amount). Teleconsultation is a consultation service delivered via telecommunications systems and is covered under Medicare in rural HPSAs effective January 1, 1999.

*Comment:* We received a number of comments regarding the proposed payment allocation in which the consultant would receive 75 percent and the referring practitioner would receive 25 percent of the consulting practitioners fee schedule. Several recommendations were made to vary the distribution of payment based on the work performed by each practitioner. A few commenters suggested that if it is not medically necessary for a presenting practitioner to participate in the teleconsultation, the consultant should receive 100 percent of the payment. Other commenters suggested that the payment allocation be determined by the practitioners involved.

*Response:* We recognize that the level of involvement of the presenting practitioner will vary from case to case, and our model for payment allocation reflects this belief. In determining the payment allocation, we developed a model simulating the combined intensity level for both the referring and consulting practitioners by using relative value units (RVUs) applicable to consultation services and primary care visits (primary care visits were used as proxy for the role of a presenting practitioner during a teleconsultation).

The model reflects that some consultations will require more preparation and medical expertise from the presenting practitioner. For instance, in the first scenario we used the full primary care RVUs. In the second scenario we reduced the work component by 50 percent to reflect that some consultations will require less new work from the presenting practitioner.

The consultation service and primary care visit RVUs were calculated as a percentage of the combined total and resulted in a 75-percent payment to the consulting practitioner and 25-percent

payment to the referring practitioner. This percentage allocation is intended to reflect the average level of new work performed by each practitioner over the course of various teleconsultations. It would not be practical for us to develop varying fee amounts for the referring practitioner's role in presenting the patient given our lack of program experience with teleconsultation. However, we are not eliminating the possibility of making changes to the allocation methodology if program experience demonstrates that a modification is warranted.

We considered making a single payment to the consulting practitioner without specifying the amount to be shared with the referring practitioner, however we wished to avoid raising issues of prohibitions against "fee splitting." For more information on the payment allocation see page 33886 of the June 22, 1998 proposed rule.

*Comment:* A few commenters believed that the regulation should specify the consequences in the event that a consultant fails to share payment in a timely fashion. A suggestion was made to amend the regulation to require the consultant to share payment within 30 days of receipt from the Medicare carrier. The commenter also requested that, in the event of untimely sharing of payment, the referring practitioner have the right to contact the consultant's Medicare carrier directly for the required percent of payment.

*Response:* We are not mandating or imposing time limits or dictating how sharing of payments should occur. We believe the specific details of how the payment should be shared, including the appropriate time frame, should be up to the practitioners involved. We believe that specifying a time frame in which sharing must occur, would impose an unnecessary burden on the consulting practitioner.

*Comment:* One commenter stated that the proposed rule is unclear regarding when the consulting practitioner should share 25 percent of the total payment with the referring practitioner.

Specifically, the commenter provided two examples of how payment could possibly be shared. The first example involved sharing Medicare and coinsurance payments separately (upon the receipt by the consultant), while the second example involved sharing 25 percent of the total fee schedule amount before coinsurance was received by the consulting practitioner. The commenter believed that the amount of payment allocation changes depending on when sharing occurs.

*Response:* The consulting practitioner is responsible for billing Medicare for

the consultation service and sharing 25 percent of total payments received with the referring practitioner. Whether the consulting practitioner shares payments as he or she receives them, waits until all payments are received, or shares the Medicare and coinsurance payments upfront, the total payment amount allocated to each practitioner remains the same. We are not imposing further guidelines on the sharing arrangement between the two practitioners.

*Comment:* Several commenters questioned whether our proposed payment methodology of making a single payment to the consultant and requiring him or her to share payment violates section 1877 of the Act. This section provides penalties for certain prohibited referrals. A few commenters questioned the applicability of State laws that prohibit fee splitting.

*Response:* The payment provisions for teleconsultation specify that the consulting practitioner must submit the claim for the consultation service and must share 25 percent of total payment with the referring practitioner. Given that we require the sharing of payments and predetermine by law the payment amount allocated to the referring practitioner, we believe that our regulation does not constitute a prohibited compensation arrangement between the consulting and referring practitioners. We do not regard the consulting practitioner as actually making a payment to the referring practitioner, but rather acting as a "conduit" to pass a portion of the Medicare payment on. Therefore, we believe that physicians and practitioners, under our payment policy, are not in violation of the Act. For more discussion regarding the bundled payment approach see page 33887 of the June 22, 1998 proposed rule.

*Comment:* A few commenters questioned how this payment sharing arrangement is treated for tax purposes and whether requiring the consultant to share payment is in conflict with the tax laws.

*Response:* HCFA does not give tax advice. However, we believe that what the commenter presents as a tax problem is merely a matter of bookkeeping. We note that the law requires the sharing of payment, and the regulation requires the consultant to give 25 percent of the payment received to the referring practitioner. We do not believe that the consultant would ever account for the portion of the Medicare payment for which he serves as a "conduit" as income of his or her own. Each practitioner should consult his or her own tax adviser for specific



information about his own bookkeeping practices.

*Comment:* Many commenters believed that it will be an administrative burden for the consultant to share payments with the referring practitioner. We received suggestions for two alternative billing proposals. The first alternative proposal maintained the single bill approach, but required us to issue separate checks to the consulting and referring practitioner from the same claim form. The second alternative proposal required the submission of separate claims from the consulting and referring practitioner with HCFA issuing separate checks.

*Response:* We understand the commenters' concern regarding the additional administrative requirements placed on the consulting practitioner. As a result of public comment, we examined the possibility of issuing two separate checks from the same claim form. Under this approach, we would pay the consultant 75 percent of the appropriate fee schedule amount and the referring practitioner would be paid 25 percent based upon the claim submitted by the consultant. However, this option could not be implemented to meet the January 1, 1999, effective date of this provision as mandated by section 4206 of BBA. For instance, the Medicare claims processing system is currently designed to accept only one "pay to" personal identification number (PIN) per claim on the electronic claim record and the HCFA-1500 paper claim fields that are used as the source for generating a check to a practitioner.

Currently there is only one scenario in which two checks can be issued from one claim form. That situation occurs when a beneficiary overpays his or her deductible and/or coinsurance on an assigned claim. In this case, one check is issued to the provider and a second check is issued to the beneficiary reflecting the amount the beneficiary overpaid. It is possible to issue two checks in this one instance because there is only one personal identification number.

Additionally, the Medicare claims processing system is designed to accommodate only one provider signature per claim. As such, if the consulting practitioner bills on behalf of the referring practitioner, we would not have a valid claim from the referring practitioner upon which to base payment and issue a check.

Another administrative difficulty concerns the possibility that the consulting and referring practitioners may be located in different carrier jurisdictions. This would make it difficult for one carrier to make separate

payments to both practitioners. This option may be more feasible once national practitioner identification numbers are implemented as mandated by the Health Insurance Portability and Accountability Act of 1996.

When developing the proposed rule we considered requiring each practitioner to submit a separate claim. This alternative was rejected due to the administrative difficulties in linking claims to assure that the payment ceiling as allowed by section 4206 of BBA is not exceeded. Total payment could exceed what the consultant would have otherwise received if the presenting practitioner were to submit a claim for a consultation at a higher intensity level than the consultant. The task of linking claims becomes increasingly difficult if two carriers are involved because the practitioners' locations fall within separate carrier jurisdictions. The systems modifications necessary to accommodate separate claims could not have been implemented by the January 1, 1999, effective date as mandated by BBA.

Although the final rule requires the consulting practitioner to submit a claim for the teleconsultation and share payment with the referring practitioner, we are not foreclosing the possibility of making changes to this policy in the future.

*Comment:* One commenter had concerns regarding language in the proposed rule that stated that the teleconsultation transfers the patient to the consulting practitioner. The commenter believed that we should clarify that this statement was made only for administrative requirements of the physician fee schedule and that we did not intend it as a comment on the scope of medical practice.

*Response:* Our determination of the consultant's location as the site of service is for Medicare payment purposes only. Given that BBA allows payment up to the consultant's current fee schedule, we believe that it is appropriate to use the Geographic Practice Cost Index (GPCI) relevant to the location of the consulting practitioner, rather than the GPCI applicable to the referring practitioner. We did not intend to make a comment regarding the scope of medical practice.

#### *Coding Provisions*

*Comment:* The majority of commenters were strongly in favor of using a modifier to identify a consultation delivered via telecommunications systems. A few commenters suggested new codes to identify a teleconsultation. One commenter stated that modifiers are not

always handled correctly by the Medicare carriers and that separate codes would offer the most reliable way of identifying services subject to their own payment rules.

*Response:* Using a modifier to identify a consultation delivered via telecommunications conforms with our view that a teleconsultation is a method of delivering a consultation service, rather than a new service. We considered developing a separate coding structure for teleconsultation, however, we rejected this option because we believe that new codes would be administratively cumbersome for the medical community and the Medicare program. We believe it will be easier for practitioners to use a single modifier rather than an entirely new set of codes.

#### *Issues Not Addressed in the Proposed Rule*

*Comment:* One commenter asked whether we plan to evaluate the impact of this rule on beneficiaries, providers, other payers, or Medicare. The commenter further stated that data has been limited from the current teleconsultation demonstration project.

*Response:* We believe that it would be beneficial to evaluate the impact of expanding eligibility for teleconsultation beyond the existing demonstration sites. We plan to evaluate program data resulting from this provision, such as utilization patterns, service intensity, and the type of practitioners providing a teleconsultation.

*Comment:* A few commenters suggested we provide clarification regarding both intra- and inter-state scope of practice and licensure issues. One commenter expressed concern that the proposed rule may unintentionally involve us in State-based scope of practice and recommended that we clarify that midlevel practitioners are prohibited from operating outside the licensed health professionals scope of practice in their State.

*Response:* BBA specifies that a nonphysician practitioner may refer a beneficiary for consultation. We clarify that midlevel practitioners would need to meet the governing requirements of the State in which they are licensed. Therefore, if the law of the State in which they are licensed would prohibit a midlevel practitioner (for example, a nurse practitioner or a physician assistant) from referring a patient for consultation, the practitioner could not refer a patient for teleconsultation. Likewise, if the law of the State in which the teleconsultation occurs prohibits a nonphysician from providing a consultation service, the



practitioner could not provide a teleconsultation under Medicare. Moreover, if State law precludes an out-of-State practitioner from delivering a teleconsultation, Medicare would not pay for that consultation.

*Comment:* One commenter believed that this rule would disadvantage specialists located in a rural HPSA by drawing patients to specialists outside of the local area. The commenter stated that managed care organizations may possibly be able to negotiate a better price from consultants outside the community and believed we should develop safeguards to prohibit such possibilities.

*Response:* We believe this comment is beyond the scope of this provision as authorized by BBA. BBA provides for payment of teleconsultation when the requirements of this benefit are met. However, HCFA is not authorized by the law to direct physicians and other medical practitioners to a specific consultant.

*Comment:* A few commenters suggested that we consider guidelines regarding beneficiary consent and safeguards for confidentiality.

*Response:* We agree that the beneficiary should be thoroughly informed regarding the nature of a teleconsultation and that confidentiality of medical records is of great concern. However, we assume that practitioners are already cognizant of their responsibility to obtain patients' informed consent and to protect patients' medical records. Therefore, we are not establishing guidelines regarding beneficiary consent or confidentiality at this time. We invite specific comments regarding this issue.

We recognize that this rule is a first step in refining face-to-face "hands on" requirements for a medical service under Medicare to reflect a telemedicine service. We are not eliminating the possibility of the development of modifications to Medicare telemedicine coverage and payment policies as the law permits and as more program experience in this area is obtained.

To that end, we intend to explore several issues, including: (1) The use of store and forward technologies as a method for delivering medical services; (2) the use of registered nurses and other medical professionals not recognized as a practitioner under the teleconsultation provision to present the patient to the consulting practitioner; and (3) the appropriateness of current consultation codes for reporting consultations delivered via communications systems.

In a year we will send recommendations to Congress regarding

these issues along with any necessary legislative changes.

#### *Clarifications and Modifications*

##### *Teleconsultation in Rural Health Clinics*

As a result of further analysis and evaluation, we have decided to clarify payment policy for teleconsultations provided in a Rural Health Clinic (RHC).

We believe that Congress did not intend to include teleconsultation, as provided for by BBA, as part of the RHC benefit. Section 4206(a) of BBA specifies that Medicare payment shall be made for a professional consultation delivered via telecommunications with a physician as defined in section 1861(r) of the Social Security Act or practitioner as defined by section 1842(b)(18)(C) of the Act. Services furnished by an RHC are treated as "RHC services" and lose their identity as physicians' services or services of other practitioners.

Moreover, section 4206(b) of BBA instructs us to create a system of payment for teleconsultation that requires that payment be shared between the referring and consulting professionals, precludes payment for any sort of capital or facility fees, and applies the mandatory claims submission and limiting charge provisions of section 1848(g) of the Social Security Act. The method of payment for teleconsultation services under this benefit is not congruent with the method of payment for services under the RHC benefit. Under the RHC benefit, payment is made on the basis of an all-inclusive rate per visit (see 42 CFR 405.2462). These provisions are another indication that we should not include teleconsultation services furnished by physicians in RHCs as RHC services for which we make payment to the RHC.

While, some argument could be made that Congress simply did not intend for teleconsultation services ever to be paid for under section 4206 if they are furnished within the confines of an RHC, this would be an unusual conclusion since section 4206 specifically provides payment for consultation services in rural areas similar to those areas serviced by RHCs that may lack sufficient specialists to provide necessary beneficiary care.

Since Congress did not address how we should treat the services of physicians and other practitioners providing teleconsultation in RHCs, we are interpreting the law to permit practitioners in RHCs to bill for teleconsultation as do other practitioners. The law and the legislative history indicate that the intent of the teleconsultation benefit

was to expand services to beneficiaries in rural areas. The same intent informs the RHC benefit, so we believe it would be anomalous to read the teleconsultation benefit as being unavailable to rural beneficiaries who receive a teleconsultation in an RHC.

Section 402 of the RHC manual (HCFA Pub. 27) describes "services furnished by RHCs . . . which are not RHC/FQHC services." These services include durable medical equipment, ambulance services, diagnostic tests ("unless an interpretation of the test is provided by the RHC/FQHC physician"), prosthetic devices, braces, and artificial limbs. Thus, services created by other benefit provisions and not explicitly enumerated as part of the RHC benefit have been paid not under the RHC benefit (even if furnished in an RHC), but rather under the appropriate authority in section 1833 of the Act. We believe that it is consistent with this policy to pay for teleconsultations under the authority of section 4206 of BBA, not as an RHC service.

Therefore, consulting practitioners providing a teleconsultation in an RHC setting will be paid according to the payment methodology specified in this final rule. A teleconsultation would not generate an RHC visit and would not be paid for under the all-inclusive rate methodology. For instance, the consulting practitioner providing a teleconsultation in an RHC would bill the applicable Medicare carrier using his or her own identification number rather than the identification number of the RHC. Payment would be based on the consultant's fee schedule amount and he or she would be required to share 25 percent of total payments with the referring practitioner.

When a practitioner in an RHC refers a Medicare beneficiary for a teleconsultation, he or she will receive 25 percent of the approved Medicare consultation fee schedule. An RHC visit would not be billed by either the referring or consulting practitioner for the teleconsultation. However, the referring practitioner could bill for the initial visit which prompted the need for a consultation as an RHC visit.

**Note:** These requirements would also apply to Federally Qualified Health Centers located in a rural HPSA.

#### *Result of Evaluation of Comments*

- **Eligibility for Teleconsultation—** Medicare beneficiaries residing in rural HPSAs are eligible to receive teleconsultation services. This final rule stipulates the use of the site of presentation (patient location) as a proxy for beneficiary residence. However, if a beneficiary can



demonstrate that he or she resides in a rural HPSA, Medicare would make payment regardless of the site of consultation. Eligibility for teleconsultation includes both full and partial county HPSAs designated by section 332(a)(1)(A) of the Public Health Service Act.

- **Scope of Coverage**—Covered services include initial, follow-up, or confirming consultations in hospitals, outpatient facilities, or medical offices delivered via interactive audio and video telecommunications systems (CPT codes 99241–99245, 99251–99255, 99261–99263, and 99271–99275).

- **Practitioners eligible to be consulting and referring practitioners**—Clinical psychologists, clinical social workers, certified registered nurse anesthetists, and anesthesiologist assistants do not provide for consultation services payable under Medicare and therefore cannot provide a teleconsultation under this provision. Additionally, certified nurse anesthetists and anesthesiologist assistants are not eligible to be referring practitioners for a teleconsultation. Practitioners who may provide teleconsultations include the following: physicians, physician assistants, nurse practitioners, clinical nurse specialists, and nurse-midwives. Practitioners who may refer patients for teleconsultation include the following: physicians, physician assistants, nurse practitioners, clinical nurse specialists, nurse-midwives, clinical psychologists, and clinical social workers.

- **Conditions of Payment**—The patient must be present at the time of consultation, the medical examination of the patient must be under the control of the consulting practitioner, and the consultation must take place via an interactive audio and video telecommunications system. Interactive telecommunications systems must be multi-media communications that, at a minimum, include audio and video equipment permitting real-time consultation among the patient, consulting practitioner, and referring practitioner (as appropriate). Telephones, facsimile machines, and electronic mail systems do not meet the requirements of interactive telecommunications systems.

- We amended the proposed rule to allow another practitioner who can be a referring practitioner under this provision to present the patient to the consultant provided that he or she is an employee of the actual referring practitioner.

- **Registered nurses and other medical professionals not included within the definition of a practitioner in section 1842(b)(18)(C) of the Act** are not permitted to act as presenters during teleconsultations.

- **Medicare Payment Policy**—A single payment will be made to the consulting practitioner. The amount will be equal the consultant's current fee schedule payment for a face-to-face patient consultation. The statute requires that the fee be shared by the referring and consulting practitioners. This final rule implements this requirement by providing that the consulting practitioner receive 75 percent, and the referring practitioner 25 percent, of the consulting practitioner's Medicare fee. The patient continues to be responsible for the 20 percent Medicare coinsurance.

- **Billing for Teleconsultation**—The consulting practitioner will submit one claim for the consultation service and will provide the referring practitioner with 25 percent of any payment, including any deductible or coinsurance received for the consultation. A coding modifier will be used to identify the claim as a teleconsultation. The referring practitioner cannot submit a Medicare claim for the teleconsultation.

#### **IV. Refinement of Relative Value Units for Calendar Year 1999 and Responses to Public Comments on Interim Relative Value Units for 1998**

##### **A. Summary of Issues Discussed Related to the Adjustment of Relative Value Units**

Section IV.B. of this final rule describes the methodology used to review the comments received on the RVUs for physician work and the process used to establish RVUs for new and revised CPT codes. Changes to codes on the physician fee schedule reflected in Addendum B are effective for services furnished beginning January 1, 1999.

##### **B. Process for Establishing Work Relative Value Units for the 1999 Physician Fee Schedule**

Our October 31, 1997 final rule on the 1998 physician fee schedule (62 FR 59048) announced the final RVUs for Medicare payment for existing procedure codes under the physician fee schedule and interim RVUs for new and revised codes. The RVUs contained in the rule apply to physicians' services furnished beginning January 1, 1998. We announced that we considered the RVUs for the interim codes to be subject to public comment under the annual

refinement process. In this section, we summarize the refinements to the interim work RVUs that have occurred since publication of the October 1998 final rule and our establishment of the work RVUs for new and revised codes for the 1999 physician fee schedule.

##### **Work Relative Value Unit Refinements of Interim and Related Relative Value Units (Includes Table 4—Work Relative Value Unit Refinements of 1998 Interim and Related Relative Value Units)**

Although the RVUs in the October 1997 final rule were used to calculate 1998 payment amounts, we considered the RVUs for the new or revised codes to be interim. We accepted comments for a period of 60 days. We received comments from approximately 8 specialty societies on approximately 34 CPT codes with interim RVUs. Only comments received on codes listed in Addendum C of the October 1997 final rule were considered this year.

Due to the content of the comments received, we did not convene multi-specialty refinement panels (see the November 22, 1996 final rule on the physician fee schedule (61 FR 59536) for a detailed explanation of the refinement of CPT codes with interim RVUs). Instead, determinations were made by HCFA medical officers in conjunction with our carrier medical directors.

##### **Table 4—Work Relative Value Unit Refinements of 1998 Interim and Related Relative Value Units**

Table 4 lists the interim and related codes reviewed during the 1998 refinement process described in this section. This table includes the following information:

- **CPT Code.** This is the CPT code for a service.
- **Description.** This is an abbreviated version of the narrative description of the code.
- **1998 Work RVU.** The work RVUs that appeared in the October 1997 rule are shown for each reviewed code.
- **Requested Work RVU.** This column identifies the work RVUs requested by commenters.
- **1999 Work RVU.** This column contains the final RVUs for physician work.

The new values emerged from analysis of the specialty society's written comments on the 1998 interim valued CPT codes.



TABLE 4.—WORK RELATIVE VALUE UNIT REFINEMENTS OF 1998 INTERIM AND RELATED RELATIVE VALUE UNITS

CPT	MOD	Description	1998 work RVU	Requested work RVU	1999 work RVU
11055	.....	Paring or cutting of nails .....	0.27	0.43	0.27
11056	.....	Paring or cutting of nails .....	0.39	0.61	0.39
11057	.....	Paring or cutting of nails .....	0.50	0.79	0.50
11719	.....	Paring or cutting of nails .....	0.11	0.17	0.11
17003	.....	Destruction of lesions .....	0.15	0.18	0.15
17004	.....	Destruction of lesions .....	2.79	3.05	2.79
90804	.....	Psytx, office (20–30) .....	1.11	1.30	1.21
90805	.....	Psytx, office (20–30) w/e&m .....	1.47	1.47	1.37
90806	.....	Psytx, office (45–50) .....	1.73	1.99	1.86
90807	.....	Psytx, office (45–50) w/e&m .....	2.00	2.16	2.02
90808	.....	Psytx, office (75–80) .....	2.76	2.99	2.79
90809	.....	Psytx, office (75–80) w/e&m .....	3.15	3.16	2.95
90810	.....	Intac psytx, office (20–30) .....	1.19	1.42	1.32
90811	.....	Intac psytx, off 20–30 w/e&m .....	1.58	1.59	1.48
90812	.....	Intac psytx, office (45–50) .....	1.86	2.11	1.97
90813	.....	Intac psytx, off 45–50 w/e&m .....	2.15	2.28	2.13
90814	.....	Intac psytx, office (75–80) .....	2.97	3.11	2.90
90815	.....	Intac psytx, off 75–80 w/e&m .....	3.39	3.28	3.06
90816	.....	Psytx, hosp (20–30) .....	1.24	1.34	1.25
90817	.....	Psytx, hosp (20–30) w/e&m .....	1.65	1.51	1.41
90818	.....	Psytx, hosp (45–50) .....	1.94	2.03	1.89
90819	.....	Psytx, hosp (45–50) w/e&m .....	2.24	2.20	2.05
90821	.....	Psytx, hosp (75–80) .....	3.09	3.03	2.83
90822	.....	Psytx, hosp (75–80) w/e&m .....	3.53	3.20	2.99
90823	.....	Intac psytx, hosp (20–30) .....	1.33	1.46	1.36
90824	.....	Intac psytx, hsp 20–30 w/e&m .....	1.77	1.63	1.52
90826	.....	Intac psytx, hosp (45–50) .....	2.08	2.15	2.01
90827	.....	Intac psytx, hsp 45–50 w/e&m .....	2.41	2.32	2.16
90828	.....	Intac psytx, hosp (75–80) .....	3.32	3.15	2.94
90829	.....	Intac psytx, hsp 75–80 w/e&m .....	3.80	3.32	3.10
99343	.....	Home care visits .....	2.27	No Rec	2.27
99345	.....	Home care visits .....	3.79	No Rec	3.79
99348	.....	Home care visits .....	1.26	No Rec	1.26
99350	.....	Home care visits .....	3.03	No Rec	3.03

\* All CPT and descriptors copyright 1998 American Medical Association.

**Paring or cutting of nails (CPT codes 11055 through 11057 and 11719)**

**Comment:** A commenter disagreed with our decision to decrease the RUC-recommended RVUs for this family of codes. ("RUC" refers to the American Medical Association's Specialty Society Relative Value Scale Update Committee.) They believed our budget-neutral approach decreased the recommended RUC work RVUs by too large a factor. (See the section on the establishment of interim work Value Units for a brief discussion of the budget-neutral approach.)

**Response:** We disagree with the commenter's view that the RUC recommendations were decreased by too large a factor. CPT codes 11055 through 11057 can be performed in conjunction with CPT code 11719. The methodology that was used accounts for these combinations. Therefore, the 1998 interim work RVUs will be made final for this series of CPT codes. The final work RVUs, effective January 1, 1999, will be as follows: CPT code 11055 (0.27), CPT code 11056 (0.39), CPT code

11057 (0.50), and CPT code 11719 (0.11).

**Destruction of lesions (CPT codes 17003 and 17004)**

**Comment:** A commenter disagreed with our decision to accept the RUC recommendations for CPT codes 17003 and 17004. The commenter believed that the work RVUs associated with these codes were decreased by the RUC without any rationale.

**Response:** We disagree with the commenter's belief that we should not have accepted the RUC recommendation for CPT codes 17003 and 17004. The RUC determined the work RVUs for these two codes by crosswalking the utilization of existing procedure codes (which were to be deleted for CPT 1998) into these two new CPT codes for the same services. Compliance with our guidelines for budget neutrality resulted in the reduction of the society's recommended work RVUs by the RUC. Therefore, the 1998 interim RVUs for CPT codes 17003 and 17004 will be made final. The final work RVUs, effective January 1, 1999, will be as

follows: CPT code 17003 (0.15) and CPT code 17004 (2.79).

**Psychotherapy (CPT codes 90804 through 90829)**

**Comment:** In May of 1997, the RUC recommended that HCFA-assigned RVUs for the 24 HCPCS psychotherapy codes be crosswalked to the 1998 CPT codes. The RUC also recommended that the work RVUs remain interim until such time as a survey is conducted by each of the professions that furnish the services.

**Response:** We received recommendations that were based upon the cooperative efforts of the American Academy of Child and Adolescent Psychiatry, The American Nurses Association, the American Psychiatric Association, the American Psychological Association, and the National Association of Social Workers. The RUC accepted these recommendations.

The cooperative effort by the referenced specialties used frequency estimations to maintain budget neutrality within the family of new CPT codes. Based upon actual 1997



frequencies, the recommended work RVUs are not budget-neutral. We will retain the relative relationships that were recommended but will attain budget neutrality by applying a uniform 6.7 percent reduction across all of the codes. The final 1999 work RVUs will be as follows:

TABLE 5.—PSYCHOTHERAPY (CPT CODES 90804 THROUGH 90829)

CPT code	Descriptor	1999 work RVUs
90804	Psytx, office (20–30)	1.21
90805	Psytx, office (20–30) w/e&m .....	1.37
90806	Psytx, office (45–50)	1.86
90807	Psytx, office (45–50) w/e&m .....	2.02
90808	Psytx, office (75–80)	2.79
90809	Psytx, office (75–80) w/e&m .....	2.95
90810	Intac psytx, office (20–30) .....	1.32
90811	Intac psytx, off 20–30 w/e&m .....	1.48
90812	Intac psytx, office (45–50) .....	1.97
90813	Intac psytx, off 45–50 w/e&m .....	2.13
90814	Intac psytx, office (75–80) .....	2.90
90815	Intac psytx, off 75–80 w/e&m .....	3.06
90816	Psytx, hosp (20–30)	1.25
90817	Psytx, hosp (20–30) w/e&m .....	1.41
90818	Psytx, hosp (45–50)	1.89
90819	Psytx, hosp (45–50) w/e&m .....	2.05
90821	Psytx, hosp (75–80)	2.83
90822	Psytx, hosp (75–80) w/e&m .....	2.99
90823	Intac psytx, hosp (20–30) .....	1.36
90824	Intac psytx, hsp 20– 30 w/e&m .....	1.52
90826	Intac psytx, hosp (45–50) .....	2.01
90827	Intac psytx, hsp 45– 50 w/e&m .....	2.16
90828	Intac psytx, hosp (75–80) .....	2.94
90829	Intac psytx, hsp 75– 80 w/e&m .....	3.10

*Home care visits (CPT codes 99341 through 99350)*

**Comment:** A commenter suggested that, when we increased the RUC's work RVU recommendations by a uniform 10 percent intensity factor, we used incorrect base intra-service time. The commenter believed the RUC survey of intra-service time was more accurate than the typical time agreed to by CPT.

**Response:** We maintain that the correct intra-service times were used and thus will finalize these interim valued codes for home visits. Effective January 1, 1999, the final work RVUs for

the home care visit codes will be as follows: CPT code 99341 (1.01), CPT code 99342 (1.52), CPT code 99343 (2.27), CPT code 99344 (3.03), CPT code 99345 (3.79), CPT code 99347 (0.76), CPT code 99348 (1.26), CPT code 99349 (2.02), and CPT code 99350 (3.03).

*Establishment of Interim Work Relative Value Units for New and Revised Physicians' Current Procedural Terminology Codes and New HCFA Common Procedure Coding System Codes for 1999 Methodology (Includes Table 6—American Medical Association Specialty Society Relative Value Update Committee and Health Care Professionals Advisory Committee Recommendations and HCFA's Decisions for New and Revised 1999 CPT Codes)*

One aspect of establishing work RVUs for 1999 was related to the assignment of interim work RVUs for all new and revised CPT codes. As described in our November 25, 1992 notice on the 1993 fee schedule (57 FR 55938) and in section III.B. of our November 26, 1996 final rule (61 FR 59505 through 59506), we established a process, based on recommendations received from the AMA's RUC, for establishing interim RVUs for new and revised codes.

We received work RVU recommendations for approximately 70 new and revised codes from the RUC. Physician panels consisting of carrier medical directors and our staff reviewed the RUC recommendations by comparing them to our reference set or to other comparable services on the physician fee schedule for which work RVUs had been established previously, or to both of these criteria. The panels also considered the relationships among the new and revised codes for which we received RUC recommendations. We agreed with the majority of those relationships reflected in the RUC values. In some cases, when we agreed with the RUC relationships, we revised the work RVUs recommended by the RUC to achieve work neutrality within families of codes. That is, the work RVUs have been adjusted so that the sum of the new or revised work RVUs (weighted by projected frequency of use) for a family of codes will be the same as the sum of the current work RVUs (weighted by their current frequency of use). For approximately 93 percent of the RUC recommendations, proposed work RVUs were accepted or increased, and, for approximately 7 percent, work RVUs were decreased.

We received only one recommendation from the Health Care Professionals Advisory Committee (HCPAC) for a new code for which the

RUC did not provide a recommendation. This HCPAC recommendation was accepted.

There were also 10 CPT codes for which we did not receive a RUC recommendation. After review of these codes by HCFA medical officers, we established interim work RVUs for 8 of these codes and identified the remaining 2 CPT codes as carrier-priced for 1999.

Table 6 is a listing of those codes that will be new or revised in 1999 as well as their associated work RVUs. This table includes the following information:

- A “#” identifies a new code for 1999.
- *CPT code.* This is the CPT code for a service.
- *Modifier.* A “26” in this column indicates that the work RVUs are for the professional component of the code.
- *Description.* This is an abbreviated version of the narrative description of the code.
- *RUC recommendations.* This column identifies the work RVUs recommended by the RUC.
- *HCPAC recommendations.* This column identifies work RVUs recommended by the HCPAC.
- *HCFA decision.* This column indicates whether we agreed with the RUC recommendation (“agree”); we established work RVUs that are higher than the RUC recommendation (“increase”); or we established work RVUs that were less than the RUC recommendation (“decrease”). Codes for which we did not accept the RUC recommendation are discussed in greater detail following Table 6 below. An “(a)” indicates that no RUC recommendation was provided. A discussion follows the table.
- *HCFA work RVUs.* This column contains the RVUs for physician work based on our reviews of the RUC recommendations. The RVUs shown for global surgical services have not been adjusted to account for the 1998 increases for work RVUs in evaluation and management services.

**1999 work RVUs.** This column contains the 1999 RVUs for physician work. The RVUs shown for global surgical services have been adjusted to account for the 1998 increases for work RVUs in evaluation and management.

This table includes only those codes that were reviewed by the full RUC or for which we received a recommendation from the HCPAC.



TABLE 6.—AMERICAN MEDICAL ASSOCIATION SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE AND HEALTH CARE PROFESSIONALS ADVISORY COMMITTEE RECOMMENDATIONS AND HCFA'S DECISIONS FOR NEW AND REVISED 1999 CPT CODES

CPT* code	MOD	Description	RUC rec- ommendation	HCPAC rec- ommenda- tion	HCFA decision	NCFA Work RVU	1998 Work RVU
15000 ....		Skin graft procedure .....	4.00		Agree .....	4.00	4.00
15001# ..		Skin graft procedure .....	1.00		Agree .....	1.00	1.00
15100 ....		Skin split graft procedure .....	9.05		Agree .....	9.05	9.05
15101 ....		Skin split graft procedure .....	1.72		Agree .....	1.72	1.72
15120 ....		Skin split graft procedure .....	9.83		Agree .....	9.83	9.83
15121 ....		Skin split graft procedure .....	2.67		Agree .....	2.67	2.67
15350 ....		Skin homograft procedure .....	4.00		Agree .....	4.00	4.00
15351# ..		Skin homograft procedure .....	1.00		Agree .....	1.00	1.00
15400 ....		Skin heterograft procedure .....	4.00		Agree .....	4.00	4.00
15401# ..		Skin heterograft procedure .....	1.00		Agree .....	1.00	1.00
19364 ....		Breast reconstruction .....	41.00		Agree .....	41.00	41.00
27347# ..		Excision tendon sheath .....	5.78		Agree .....	5.78	5.78
28289# ..		Hallux rigidus correction .....	7.04		Agree .....	7.04	7.04
31622 ....		Bronchoscopic procedures .....			(a) .....	2.67	2.67
31623# ..		Bronchoscopic procedures .....			(a) .....	3.07	3.07
31624# ..		Bronchoscopic procedures .....			(a) .....	3.11	3.11
31643# ..		Bronchoscopy for brachytherapy .....	3.50		Agree .....	3.50	3.50
32001# ..		Bronchoscopic procedures .....			(a) .....	5.71	5.71
33975 ....		Ventricular assist devices .....	21.60		Agree .....	21.60	21.60
33976 ....		Ventricular assist devices .....	29.10		Agree .....	29.10	29.10
35500# ..		Bypass grafts .....			(a) .....	carrier	carrier
35681 ....		Bypass grafts .....	3.93		Decrease .....	1.60	1.60
35682# ..		Bypass grafts .....	7.20		Agree .....	4.80	4.80
35683# ..		Bypass grafts .....	8.50		Agree .....	6.10	6.10
35875 ....		Thrombectomy of grafts .....	10.13		Agree .....	10.13	10.13
35876 ....		Thrombectomy of grafts .....	17.00		Agree .....	17.00	17.00
36823# ..		Arteriovenous Chemo .....	carrier		Agree .....	carrier	carrier
36831# ..		Thrombectomy of grafts .....	8.00		Agree .....	8.00	8.00
36832 ....		Thrombectomy of grafts .....	10.50		Agree .....	10.50	10.50
36833# ..		Thrombectomy of grafts .....	11.95		Agree .....	11.95	11.95
36860 ....		Thrombectomy of grafts .....	2.01		Agree .....	2.01	2.01
38792# ..		Sentinel node biopsy .....			(a) .....	carrier	carrier
45126# ..		Pelvic exenteration .....	38.39		Agree .....	38.39	38.39
56321# ..		Laparoscopic adrenalectomy .....	carrier		Agree .....	carrier	carrier
57106# ..		Radical vaginectomy .....	6.36		Agree .....	6.36	6.36
57107# ..		Radical vaginectomy .....	23.00		Agree .....	23.00	23.00
57109# ..		Radical vaginectomy .....	27.00		Agree .....	27.00	27.00
57110 ....		Radical vaginectomy .....	14.29		Agree .....	14.29	14.29
57111# ..		Radical vaginectomy .....	27.00		Agree .....	27.00	27.00
57112# ..		Radical vaginectomy .....	29.00		Agree .....	29.00	29.00
67208 ....		Destruction of choroid lesion .....	6.70		Agree .....	6.70	6.70
67210 ....		Destruction of choroid lesion .....	8.82		Agree .....	8.82	8.82
67220# ..		Destruction of choroid lesion .....	13.13		Agree .....	13.13	13.13
67320 ....		Strabismus surgery .....	4.33		Agree .....	4.33	4.33
67331 ....		Strabismus surgery .....	4.06		Agree .....	4.06	4.06
67332 ....		Strabismus surgery .....	4.49		Agree .....	4.49	4.49
67334 ....		Strabismus surgery .....	3.98		Agree .....	3.98	3.98
67335 ....		Strabismus surgery .....	2.49		Agree .....	2.49	2.49
67340 ....		Strabismus surgery .....	4.93		Agree .....	4.93	4.93
69990# ..		Microsurgery .....			(a) .....	3.46	3.46
73560 ....	26	Radiological examination, knee .....	0.17		Agree .....	0.17	0.17
73562 ....	26	Radiological examination, knee .....	0.18		Agree .....	0.18	0.18
73564 ....	26	Radiological examination, knee .....	0.22		Agree .....	0.22	0.22
76006# ..		Stress views .....	0.41		Agree .....	0.41	0.41
76977# ..	26	Bone density .....			(a) .....	0.22	0.22
78020# ..		Thyroid carcinoma metastases .....	0.67		Decrease .....	0.60	0.60
78205 ....	26	Liver imaging .....	0.71		Agree .....	0.71	0.71
78206# ..	26	Liver imaging .....	0.96		Agree .....	0.96	0.96
78472 ....	26	Cardiac blood pool imaging .....	0.98		Agree .....	0.98	0.98
78494# ..	26	Cardiac blood pool imaging .....	1.19		Agree .....	1.19	1.19
78496# ..	26	Cardiac blood pool imaging .....	0.50		Agree .....	0.50	0.50
78588# ..	26	Pulmonary perfusion imaging .....	1.09		Agree .....	1.09	1.09
88291# ..	26	Cytogenetic studies .....	0.52		Agree .....	0.52	0.52
92135# ..	26	Confocal Scanning .....	0.35		Agree .....	0.35	0.35
93571# ..	26	IV distal blood velocity measure .....	2.99		Decrease .....	1.80	1.80
93572# ..	26	IV distal blood velocity measure .....	1.70		Decrease .....	1.44	1.44
94014# ..	26	Pulmonary function .....	0.52		Agree .....	0.52	0.52



TABLE 6.—AMERICAN MEDICAL ASSOCIATION SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE AND HEALTH CARE PROFESSIONALS ADVISORY COMMITTEE RECOMMENDATIONS AND HCFA'S DECISIONS FOR NEW AND REVISED 1999 CPT CODES—Continued

CPT* code	MOD	Description	RUC rec- ommendation	HCPAC rec- ommenda- tion	HCFA decision	NCFA Work RVU	1998 Work RVU
94016# ..	.....	Pulmonary function .....	0.52	.....	Agree .....	0.52	0.52
94060 ....	26 .....	Pulmonary function .....	0.31	.....	Agree .....	0.31	0.31
94620 ....	26 .....	Pulmonary function .....	.....	.....	(a) .....	0.88	0.88
94621# ..	26 .....	Pulmonary function .....	.....	.....	(a) .....	0.88	0.88
95920 ....	26 .....	Neurotransmitter analysis .....	2.11	.....	Agree .....	2.11	2.11
95970# ..	.....	Neurotransmitter analysis .....	0.45	.....	Agree .....	0.45	0.45
95971# ..	.....	Neurotransmitter analysis .....	0.78	.....	Agree .....	0.78	0.78
95972# ..	.....	Neurotransmitter analysis .....	1.50	.....	Agree .....	1.50	1.50
95973# ..	.....	Neurotransmitter analysis .....	0.92	.....	Agree .....	0.92	0.92
95974# ..	.....	Neurotransmitter analysis .....	3.00	.....	Agree .....	3.00	3.00
95975# ..	.....	Neurotransmitter analysis .....	1.70	.....	Agree .....	1.70	1.70
97140# ..	.....	Manual therapy techniques .....	0.45	.....	Decrease .....	0.43	0.43
99298# ..	.....	Neonatal care .....	2.75	.....	Agree .....	2.75	2.75

\* No RUC recommendation provided.

# New Codes.

\* All numeric HCPCS CPT Copyright 1997 American Medical Association.

#### *Discussion of Codes for Which the RUC Recommendations Were Not Accepted*

The following is a summary of our rationale for not accepting particular recommendations. It is arranged by type of service in CPT code order. This summary refers only to work RVUs. Furthermore, the RVUs in the following discussion have not been adjusted by the budget-neutrality adjustment factor.

#### *Bypass grafts (CPT code 35681).*

We received RUC recommendations for three of the four add-on codes (codes that may be billed only in conjunction with selected primary procedure codes) related to composite bypass grafts. We rejected the RUC recommendation of 3.93 work RVUs for CPT code 35681 (Bypass graft, composite, prosthetic and vein). These work RVUs were suggested during the 5-year review of work RVUs at a time when this family of composite codes had not been established. The recommendation was based on the assumption that the work could be estimated at 12 percent of an independent procedure, CPT code 35102. We believe that a more appropriate evaluation is based on the work involved in anastomosing the vein and prosthetic grafts, which we estimate at 1.60 work RVUs. Effective January 1, 1999, CPT code 35681 will be valued at 1.60 work RVUs.

#### *Thyroid carcinoma metastases uptake (CPT code 78020)*

We received a RUC recommendation of 0.67 for CPT code 78020. The survey data indicated that CPT code 78020 was previously reported with unlisted CPT code 78099. The survey estimated that

CPT code 78020 will be billed approximately 15 percent of the time CPT code 78018 is billed. CPT code 78099 was only billed 61 times in 1997, while the projected utilization of CPT code 78020 for 1999 is approximately 575 claims annually. To retain budget neutrality within this family of codes, the total work RVUs that will be paid in 1999 were scaled to what would have been paid in 1999 if CPT code 78020 had not been established. This results in work RVUs of 0.60 for CPT code 78020 and 0.86 for CPT code 78018.

#### *Intravascular distal blood flow velocity measurements (CPT code 93571 and 93572)*

The RUC recommended work RVUs of 2.99 and 1.70, respectively, for CPT codes 93571 and 93572. The RUC recommendation was constructed based upon a building block approach. Our analysis of this approach raised concerns about the inclusion of certain items in the building block for each respective code. We chose to value these procedures based upon analogous CPT codes 92978 (IV ultrasound) and 92979 (IV ultrasound, each additional vessel) for which the RUC time estimates were identical. For this reason, we assigned 1.80 work RVUs to CPT code 93571 and 1.44 work RVUs to CPT code 93572.

#### *Physical medicine and rehabilitation (CPT code 97140) CPT code 97140 (RUC-recommended work RVU=0.45 replaces CPT codes 97122, 97250, 97260, 97261, and 97265.)*

To retain budget neutrality within this family of codes, the total work RVUs that will be paid in 1999 were scaled to the total work RVUs that would have

been paid if CPT code 97140 had not been established. This results in work RVUs of 0.43 for CPT code 97140.

#### **V. Physician Fee Schedule Update and Conversion Factor for Calendar Year 1999**

The 1999 physician fee schedule conversion factor is \$34.7315.

In accordance with section 1848(d)(1)(D) of the Act, as amended by section 4504 of the BBA 1997, the separate conversion factor for anesthesia services for a year shall be equal to 46 percent of the single conversion factor for other physicians' services, except as adjusted for changes in work, practice expense, or malpractice relative value units. This calculation yields a 1999 anesthesia conversion factor of \$17.24.

The specific calculations to determine the conversion factor for physicians' services for calendar year 1999 are explained below.

#### *Detail on Calculation of the Calendar Year 1999 Physician Fee Schedule Update and the 1999 Conversion Factor*

#### **Physician Fee Schedule Update and Conversion Factor**

The conversion factor is affected by section 1848(c)(2)(B)(ii)(II) of the Act, which requires that changes to the relative value units of the Medicare physician fee schedule not cause expenditures to increase or decrease by more than \$20 million from the amount of expenditures that would have been made if such adjustments had not been made. We implement this requirement through a uniform budget-neutrality adjustment to the conversion factor.



The conversion factor is also affected by the elimination of the separate 0.917 budget-neutrality adjustment to the work relative value units. This adjustment and its elimination are described in the October 31, 1997 final rule.

The conversion factor is further affected by adjustments made to the practice expense and malpractice relative value units to ensure that the percentages of fee schedule allowed charges for work, practice expense, and malpractice premiums equal the new percentages that those categories represent in the revised Medicare Economic Index (MEI) weights.

Taking all of these factors into account, as well as the percent change in the MEI and Sustainable Growth Rate (SGR) adjustments described below, the 1999 conversion factor is calculated as follows:

1998 Conversion Factor: 36.6873

1999 Update: 2.3%

Other 1999 Factors: -7.45944%

1999 Conversion Factor: 34.7315

The 2.3 percent 1999 update is calculated as follows:

MEI: 2.3%

SGR adjustment: 0.0%

1999 Update: 2.3%

The -7.45944 percent adjustment for other factors is calculated as follows:

Elimination of the separate work adjuster: -8.30%

Adjustment to match MEI weights:

1.20%

Volume and Intensity adjustment:

-0.28%

Other 1999 factors: -7.45944%

Note that the elimination of the separate work adjuster and the adjustment to match the MEI weights does not affect aggregate Medicare payments because offsetting changes have been made to the practice expense and malpractice relative value units. As described earlier, the volume-and-intensity adjustment does not affect aggregate payments because our actuaries assume an offsetting increase in the volume and intensity of services provided in 1999.

The MEI and the SGR adjustments are described below.

#### *The Percentage Change in the Medicare Economic Index*

The MEI measures the weighted-average annual price change for various inputs needed to produce physicians' services. The MEI is a fixed-weight input price index, with an adjustment for the change in economy-wide labor productivity. This index, which has 1996 base weights, is comprised of two broad categories: (1) physician's own time, and (2) physician's practice expense.

The physician's own time component represents the net income portion of business receipts and primarily reflects

the input of the physician's own time into the production of physicians' services in physicians' offices. This category consists of two subcomponents: wages and salaries and fringe benefits. These components are adjusted by the 10-year moving average annual percent change in output per man-hour for the nonfarm business sector to eliminate double counting for productivity growth in physicians' offices and the general economy.

The physician's practice expense category represents the rate of price growth in nonphysician inputs to the production of services in physicians' offices. This category consists of wages and salaries and fringe benefits for nonphysician staff and other nonlabor inputs. Like physician's own time, the nonphysician staff categories are adjusted for productivity using the 10-year moving average annual percent change in output per man-hour for the nonfarm business sector. The physician's practice expense component also includes the following categories of nonlabor inputs: office expense, medical materials and supplies, professional liability insurance, medical equipment, professional car, and other expense. The table below presents a listing of the MEI cost categories with associated weights and percent changes for price proxies for the 1999 update. The calendar year 1999 MEI is 2.3 percent.

#### INCREASE IN THE MEDICARE ECONOMIC INDEX UPDATE FOR CALENDAR YEAR 1999<sup>1</sup>

	1996 weights <sup>2</sup>	CY 1999 percent changes
Medicare Economic Index Total .....	100.0	2.3
1. Physician's Own Time <sup>3,4</sup> .....	54.5	2.6
a. Wages and Salaries: Average hourly earnings private nonfarm, net of productivity .....	44.2	2.9
b. Fringe Benefits: Employment Cost Index, benefits, private nonfarm, net of productivity .....	10.3	1.2
2. Physician's Practice Expense <sup>3</sup> .....	45.5	2.1
a. Nonphysician Employee Compensation .....	16.8	2.4
1. Wages and Salaries: Employment Cost Index, wages and salaries, weighted by occupation, net of productivity .....	12.4	2.7
2. Fringe Benefits: Employment Cost Index, fringe benefits, white collar, net of productivity .....	4.4	1.5
b. Office Expense: Consumer Price Index for Urban Consumers (CPI-U), housing .....	11.6	2.3
c. Medical Materials and Supplies: Producer Price Index (PPI), ethical drugs/PPI, surgical appliances and supplies/CPI-U, medical equipment and supplies (equally weighted) .....	4.5	4.3
d. Professional Liability Insurance: HCFA professional liability insurance survey <sup>5</sup> .....	3.2	-0.8
e. Medical Equipment: PPI, medical instruments and equipment .....	1.9	-1.1
f. Other Professional Expense .....	7.6	1.7
1. Professional Car: CPI-U, private transportation .....	1.3	-1.1
2. Other: CPI-U, all items less food and energy .....	6.3	2.2
Addendum:		
Productivity: 10-year moving average of output per man-hour, nonfarm business sector .....	n/a	1.1
Physician's Own Time, not productivity adjusted .....	54.5	3.7
Wages and salaries, not productivity adjusted .....	44.2	4.0
Fringe benefits, not productivity adjusted .....	10.3	2.3
Nonphysician Employee Compensation, not productivity adjusted .....	16.8	3.5
Wages and salaries, not productivity adjusted .....	12.4	3.8
Fringe benefits, not productivity adjusted .....	4.4	2.6

<sup>1</sup> The rates of change are for the 12-month period ending June 30, 1998, which is the period used for computing the calendar year 1999 update. The price proxy values are based upon the latest available Bureau of Labor Statistics data as of September 15, 1998.



<sup>2</sup>The weights shown for the MEI components are the 1996 base-year weights, which may not sum to subtotals or totals because of rounding. The MEI is a fixed-weight, Laspeyres-type input price index whose category weights indicate the distribution of expenditures among the inputs to physicians' services for calendar year 1996. To determine the MEI level for a given year, the price proxy level for each component is multiplied by its 1996 weight. The sum of these products (weights multiplied by the price index levels) over all cost categories yields the composite MEI level for a given year. The annual percent change in the MEI levels is an estimate of price change over time for a fixed market basket of inputs to physicians' services.

<sup>3</sup>The Physician's Own Time and Nonphysician Employee Compensation category price measures include an adjustment for productivity. The price measure for each category is divided by the 10-year moving average of output per man-hour in the nonfarm business sector. For example, the wages and salaries component of Physician's Own Time is calculated by dividing the rate of growth in average hourly earnings by the 10-year moving average rate of growth of output per man-hour for the nonfarm business sector. Dividing one plus the decimal form of the percent change in the average hourly earnings (1+.040=1.040) by one plus the decimal form of the percent change in the 10-year moving average of labor productivity (1+.011=1.011) equals one plus the change in average hourly earnings net of the change in output per man hour (1.040/1.011=1.029). All Physician's Own Time and Nonphysician Employee Compensation categories are adjusted in this way. Due to a higher level of precision the computer calculated quotient may differ from the quotient calculated from rounded individual percent changes.

<sup>4</sup>The average hourly earnings proxy, the Employment Cost Index proxies, as well as the CPI-U, housing and CPI-U, private transportation are published in the Current Labor Statistics Section of the Bureau of Labor Statistics' Monthly Labor Review. The remaining CPIs and PPIs in the revised index can be obtained from the Bureau of Labor Statistics' CPI Detailed Report or Producer Price Indexes.

<sup>5</sup>Derived from a HCFA survey of several major insurers (the latest available historical percent change data are for calendar year 1997). This is consistent with prior computations of the professional liability insurance component of the MEI.

n/a Productivity is factored into the MEI compensation categories as an adjustment to the price variables; therefore, no explicit weight exists for productivity in the MEI.

### *Medicare Performance Relative to the SGR*

#### Medicare Sustainable Growth Rate

Section 1848(f) of the Act, as amended by section 4503 of the BBA 1997, replaces the volume performance standard with a sustainable growth (SGR) standard. It specifies the formula for establishing yearly SGR targets for physicians' services under Medicare. The use of SGR targets is intended to control the actual growth in Medicare expenditures for physicians' services.

The SGR targets are not limits on expenditures. Payments for services are not withheld if the SGR target is exceeded. Rather, the appropriate fee schedule update, as specified in section 1848(d)(3)(A) of the Act, is adjusted to reflect the success or failure in meeting the SGR target.

As provided in section 4502 of the BBA 1997, the update to the conversion factor is established to match spending under the SGR. The law refers to this update as the update adjustment factor. The amended section 1848(d)(3) of the Act now states that:

the 'update adjustment factor' for a year is equal (as estimated by the Secretary) to—  
(i) the difference between (I) the sum of the allowed expenditures for physicians' services (as determined under subparagraph (C)) for the period beginning April 1, 1997, and ending on March 31 of the year involved, and (II) the amount of the actual expenditures for physicians' services furnished during the period beginning April 1, 1997, and ending on March 31 of the preceding year; divided by—

(ii) the actual expenditures for physicians' services for the 12-month period ending on March 31 of the preceding year, increased by the sustainable growth rate under subsection (f) for the fiscal year which begins during such 12-month period.

The result is a 0.0 percent adjustment for 1999. The allowed expenditures for physicians' services are calculated based upon the 1998 and 1999 SGR

derivations as detailed in the October 31, 1997 final rule and the Notice announcing the Sustainable Growth Rate found in this edition of the Federal Register, respectively.

#### **VI. Provisions of the Final Rule**

The provisions of this final rule restate the provisions of the June 5, 1998, proposed rule except as noted elsewhere in this preamble. Following is a highlight of the changes made:

For our proposal relating to the medical direction of anesthesia services (§ 415.110), we have decided to retain the current requirements (that is, requirements (i) and (ii), and (iv) through (vii)) and make only one technical revision in requirement (iii). The technical revision pertains to the requirement that the physician participate in the most demanding procedures in the anesthesia plan, including induction and emergence.

For our proposal relating to nonphysician practitioners, following is a highlight of the changes to the proposed rule:

- Proposed §§ 410.75(c) and 410.76(c) are revised to remove the alternate proposed definition of collaboration. For purposes of Medicare coverage, the collaboration requirement will state that these nonphysician practitioners must meet the standards for a collaborative relationship, as established by the State in which they are practicing. In the absence of State law or regulations governing collaborative relationships, these nonphysician practitioners must document their scope of practice and indicate the relationships that they have with physicians to deal with issues outside their expertise.

- In proposed §§ 410.74(d) and 410.75(e) we deleted the proposed listing of examples of services that can be provided by physician assistants, nurse practitioners and clinical nurse specialists.

- Proposed § 410.76(b) is revised to implement the qualifications for clinical nurse specialist as established by the BBA without the proposed exception for those clinical nurse specialist that do not possess a master's degree.

- Proposed § 410.77(a) is revised to state that a nurse-midwife must—

- + Be a registered nurse who is currently licensed to practice as a nurse-midwife in the State where services are performed;

- + Have successfully completed an accredited program of study and clinical experience for nurse-midwives as specified by the State; or

- + Be certified as a nurse-midwife by the American College of Nurse-Midwives or the American College of Nurse-Midwives Certification Council.

- Proposed § 410.74(c) is revised to state that a physician assistant is an individual who—

- + Has graduated from a physician assistant educational program that is accredited by the National Commission on Accreditation on Allied Health Education Programs;

- + Has passed the national certification examination that is certified by the National Commission on Certification of Physician Assistants; and

- + Is licensed by the State to practice as a physician assistant.

This final rule also restates the provisions of teleconsultations in rural health professional shortage areas proposed rule published on June 22, 1998, at 63 FR 33890, that provided for payment for consultations via telecommunications systems in rural HPSAs, with changes. The changes listed below have been discussed elsewhere in this preamble. Following is a highlight of the changes to the proposed rule:

- Proposed § 410.75(a)(1) is revised to omit clinical psychologists, clinical social workers, certified nurse



anesthetists, and anesthesiologist assistants from the list of practitioners who may be consulting practitioners and the section is redesignated as § 410.78(a)(1).

- The definition of referring practitioners at proposed § 410.75(a)(2) is revised to omit certified registered nurse anesthetists and anesthesiologist assistants, and is redesignated as § 410.78(a)(2).

- Proposed § 410.75(a)(5) is redesignated as § 410.78(a)(5) and specifies that as a condition of payment, the teleconsultation involves the participation of the referring practitioner or a practitioner described in section 1842(b)(18)(C) of the Act (other than a certified registered nurse anesthetist or anesthesiologist assistant) who is an employee of the referring practitioner, as appropriate to the medical needs of the beneficiary and to provide information to and at the direction of the consulting practitioner.

- The definition at proposed § 410.75(b) is revised to reflect the above changes and is redesignated as § 410.78(b).

- For clarification purposes, we are referencing different definition citations for non-physician practitioners than those provided in the proposed rule. The definitions of physician assistants, nurse practitioners, clinical nurse specialists, nurse-midwives, clinical social workers, and clinical psychologists have been reassigned to § 410.74(a)(2), § 410.75(b), § 410.76(b), § 410.77(a), § 410.73(a), and § 410.71(d), respectively.

## VII. Collection of Information Requirements

Under the Paperwork Reduction Act of 1995 (PRA), agencies are required to provide a 60-day notice in the **Federal Register** and solicit public comment before a collection of information requirement is submitted to the Office of Management and Budget (OMB) for review and approval. In order to fairly evaluate whether an information collection should be approved by OMB, section 3506(c)(2)(A) of the PRA requires that we solicit comment on the following issues:

Whether the information collection is necessary and useful to carry out the proper functions of the agency;

The accuracy of the agency's estimate of the information collection burden;

The quality, utility, and clarity of the information to be collected; and

Recommendations to minimize the information collection burden on the affected public, including automated collection techniques.

Based on a public comment, this rule modifies a regulatory requirement creating an additional information collection requirement (ICR) which was not reflected in the proposed rule that was published on June 5, 1998, at 63 FR 30818. (The PRA package associated with the proposed rule is: OMB No. 0938-0730, HCFA-R-0234, with an expiration date of August 31, 2001.) Therefore, to ensure that all of the requirements in this rule can be implemented concurrently, we are requesting emergency OMB review of the additional ICR referenced in this final rule. In compliance with section 3506(c)(2)(A) of the PRA of 1995, we are submitting to OMB the following requirement for emergency review. We are requesting an emergency review because the collection of this information is needed before the expiration of the normal time limits specified by OMB's regulations at 5 CFR 1320. This ensures compliance with the Balanced Budget Act of 1997 (BBA) which requires us to revise our payment policy for nonphysician practitioners, for outpatient rehabilitation services, and for drugs and biologicals not paid on a cost or prospective payment basis.

We cannot reasonably comply with normal clearance procedures in order to implement the renewal and early termination of the opt-out requirement described below. Physicians and practitioners must notify carriers of their intent to terminate opt-out in accordance with the BBA.

We are requesting OMB review and approval of this collection within 11 working days from the date of publication of this regulation, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individuals designated below within 10 working days from the date of publication of this regulation.

During this 180-day period, we will publish a separate **Federal Register** notice announcing the initiation of an extensive 60-day agency review and public comment period on this requirement. We will submit the requirement for OMB review and an extension of this emergency approval.

Therefore, we are soliciting public comment on this issue for the information collection requirement discussed below.

### § 405.445 *Renewal and early termination of opt-out*

Section 405.445(d) states that a physician or practitioner who has completed opt-out on or before January 1, 1999 may terminate opt-out during the 90 days following January 1, 1999 if

he or she notifies all carriers to whom he or she would otherwise submit claims of the intent to terminate opt-out and complies with paragraphs (b)(3) and (4) of this section. Paragraph (c) of this section applies in those cases.

The burden associated with this requirement is time and effort for the physician or practitioner to notify all carriers to whom he or she would otherwise submit claims of the intent to terminate opt-out. There is a one-time opportunity for physicians and practitioners who opted-out in 1998 to re-enter the program. Afterwards, physicians and practitioners may re-enter the program annually. It is estimated that it will take 30 physicians or practitioners 15 minutes each to notify their carriers for a total of 8 hours. We estimate the average annualized three year burden estimate to be 11 hours. (Year 1—1998 and 1999 16 hours, Year 2—2000 8 hours, Year 3—2001 8 hours for a total of 32 hours/3 years = 11 hours per year)

We have submitted a copy of this final rule with comment to OMB for its review of the ICR described above. This requirement is not effective until they have been approved by OMB.

If you comment on any of this information collection and record keeping requirement, please mail copies directly to the following:

Health Care Financing Administration,  
Office of Information Services,  
Security and Standards Group,  
Division of HCFA Enterprise  
Standards, Room N2-14-26, 7500  
Security Boulevard, Baltimore, MD  
21244-1850, Attn.: Louis Blank,  
HCFA-1006-FC.

Office of Information and Regulatory  
Affairs, Office of Management and  
Budget, Room 10235, New Executive  
Office Building, Washington, DC  
20503, Attn.: Allison Herron Eyd,  
HCFA Desk Officer.

## VIII. Regulatory Impact Analysis

We have examined the impacts of this final rule as required by Executive Order 12866, the Unfunded Mandates Act of 1995, and the Regulatory Flexibility Act (RFA) (Public Law 96-354). Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, when regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects (\$100 million or more annually).



This final rule is expected to have varying effects on the distribution of Medicare physicians' payments and services. With few exceptions, we expect that the impact will be limited.

The Unfunded Mandates Reform Act of 1995 also requires (in section 202) that agencies prepare an assessment of anticipated costs and benefits before proposing any rule that may result in an annual expenditure by State, local, or tribal governments, in the aggregate, or by the private sector, of \$100 million. This final rule will have no consequential effect on State, local, or tribal governments. We believe the private sector cost of this rule falls below these thresholds as well.

#### A. Regulatory Flexibility Act

Consistent with the provisions of the Regulatory Flexibility Act, we analyze options for regulatory relief for small businesses and other small entities. We prepare a Regulatory Flexibility Analysis (RFA) unless we certify that a rule would not have a significant economic impact on a substantial number of small entities. The RFA is to include a justification of why action is being taken, the kinds and number of small entities the final rule would affect, and an explanation of any considered meaningful options that achieve the objectives and would lessen any significant adverse economic impact on the small entities.

In addition, section 1102(b) of the Act requires us to prepare an RIA if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 604 of the Regulatory Flexibility Act. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 50 beds.

For purposes of the RFA, all physicians are considered to be small entities. There are about 700,000 physicians and other practitioners who receive Medicare payment under the physician fee schedule. Thus, we have prepared the following analysis, which, together with the rest of this preamble, meets all three assessment requirements. It explains the rationale for and purposes of the rule, details the costs and benefits of the rule, analyzes alternatives, and presents the measures we propose to minimize the burden on small entities.

#### B. Resource-Based Practice Expense Relative Value Units

Our methodology for implementing resource-based practice expense RVUs

for each physician's service considers the staff, equipment, and supplies used in the provision of various medical and surgical services in various settings, including those that cannot be attributed to specific procedures. We are required to begin the transition to the new practice expense RVUs on January 1, 1999.

By law, the conversion to a resource-based determination for the payment of physicians' practice expenses must be budget neutral. In other words, the total Medicare expenditures for calendar year 1999 must be the same as the amount that would have been paid under the prior method of paying practice expenses.

As we indicated in the proposed rule, each year since the fee schedule has been implemented, our actuaries have determined any adjustments needed to meet this requirement. A key component of the actuarial determination of budget neutrality involves estimating any impact of changes in the volume and intensity of physicians' services provided to Medicare beneficiaries as a result of the proposed changes.

We indicated in the proposed rule that, in estimating the impacts of proposed changes under the physician fee schedule on the volume and intensity of services, the actuaries have historically used a model that assumes that 50 percent of the change in net revenue for a practice would be recouped. This does not mean that payments are reduced by 50 percent. In fact, payments have typically been reduced only a few percent or less. The actuaries also assume that there is no offsetting reduction in volume and intensity for physicians whose Medicare revenue increases.

As we indicated in the proposed rule, our actuaries have reviewed the literature and conducted data analysis of the volume-and-intensity response. In the proposed rule, we indicated that for the purpose of establishing budget neutrality for the physicians' practice expense determination, the actuaries will use a model that assumes a 30 percent volume-and-intensity response to price reductions but no reduction in volume and intensity in response to a price increase. There were some inadvertent delays in making our actuary's analysis of the volume-and-intensity response available on our homepage ([www.hcfa.gov](http://www.hcfa.gov)), but it is now available there.

*Comment:* Most commenters were pleased that the volume-and-intensity response was lowered, but opposed use of any volume-and-intensity offset. Many groups recommended that to the

extent that any adjustments are necessary, they could be made within the framework of the SGR system. Some groups stated that their specialty or particular services should be exempt from the application of a volume-and-intensity adjustment.

*Response:* Our actuaries have reviewed the issue but believe that their review of the literature and their own analysis presents a convincing case as to the need for them to utilize a model that incorporates a volume-and-intensity response to price reductions. We cannot apply a volume-and-intensity adjustment that exempts certain procedures because the response could occur for other procedures furnished by a physician. Similarly, we cannot exempt certain specialties from application of the adjustment because physicians of all specialties have some discretion as to the nature and extent of services furnished. We do not believe that we can use the SGR mechanism alone, without the adjustment for volume and intensity for 1999, because any SGR adjustment would be in the future and the actuaries would not determine us to be in compliance with the statutory budget-neutrality requirement for 1999. To the extent that the volume-and-intensity response does not occur, the SGR system enacted as part of the BBA 1997 will return the volume-and-intensity adjustment in the form of higher future updates to the Medicare physician fee schedule conversion factor.

Using the revised actuarial model, achieving budget neutrality for the practice expense per hour method would require lowering physicians' payments in calendar year 1999 by 0.28 percent (1.12 percent cumulative from 1999 to 2002). The 0.28 percent volume-and-intensity adjustment results in a reduction in the 1999 physician fee schedule CF of \$0.10.

Table 7, "Impact on Total Allowed Charges by Specialty of the Resource-Based Practice Expense Relative Value Units under the Practice Expense per Hour" shows the change in Medicare physician fees resulting from the practice expense per hour methodology discussed earlier in this final rule. In order to isolate the change in fees resulting from the resource-based methodology, this analysis assumes the same mix of services is furnished under the new and old practice expense payment systems and does not include the effects of the annual updates to the Medicare physician fee schedule conversion factor. The impact of the changes on the total revenue (Medicare and non-Medicare) for a given specialty is less than the impact displayed in



Table 7 since physicians furnish services to both Medicare and non-Medicare patients.

For example, Table 7 shows that when the resource-based system is fully phased-in, general surgery will experience a 7 percent decrease in Medicare revenues relative to the current practice expense system and family practice will experience a 7 percent increase.

The magnitude of the Medicare impact depends generally on the mix of services the specialty provides and the sites where the services are performed. In general, those specialties that furnish more office-based services are expected to experience larger increases in Medicare payments than specialties that provide fewer office-based services. Table 7 also includes the impact of the volume-and-intensity adjustments to the conversion factor discussed above, but does not include the impact of the volume response on revenues.

TABLE 7.—IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY OF THE RESOURCE-BASED PRACTICE EXPENSE RELATIVE VALUE UNITS UNDER THE PRACTICE EXPENSE PER HOUR METHOD (PERCENT CHANGE)

Specialty	Allowed charges (in billions)	Impact per year	Cumulative 4-year impact
M.D./D.O. Physicians:			
Anesthesiology	1.6	0	0
Cardiac Surgery	0.3	-3	-12
Cardiology	3.8	-2	-9
Clinics	1.6	-1	-3
Dermatology	1.0	5	20
Emergency Medicine	0.9	-3	-10
Family Practice	2.7	2	7
Gastroenterology	1.2	-4	-15
General Practice	1.0	1	4
General Surgery	2.0	-2	-7
Hematology/Oncology	0.5	2	6
Internal Medicine	6.0	0	2
Nephrology	0.9	-2	-7
Neurology	0.7	0	-1
Neurosurgery	0.3	-3	-11
Obstetrics/Gynecology	0.4	1	4
Ophthalmology	3.3	1	4
Orthopedic Surgery	2.0	0	-1
Other Physician*	1.1	0	1
Otolaryngology	0.5	2	9
Pathology	0.5	-3	-13
Plastic Surgery	0.2	1	2
Psychiatry	1.1	0	1
Pulmonary	1.0	-1	-4

TABLE 7.—IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY OF THE RESOURCE-BASED PRACTICE EXPENSE RELATIVE VALUE UNITS UNDER THE PRACTICE EXPENSE PER HOUR METHOD (PERCENT CHANGE)—Continued

Specialty	Allowed charges (in billions)	Impact per year	Cumulative 4-year impact
Radiation Oncology	0.6	-2	-6
Radiology	2.9	-3	-10
Rheumatology	0.2	4	16
Thoracic Surgery	0.6	-3	-12
Urology	1.1	1	5
Vascular Surgery	0.3	-3	-11
Others:			
Chiropractic	0.4	-2	-8
Nonphysician Practitioner	0.8	0	2
Optometry	0.3	6	27
Podiatry	0.9	2	9
Suppliers	0.5	-2	-6

\* Other physician includes allergy/immunology, oral surgery, physical medicine and rehabilitation, pediatrics, critical care, and hematology.

Table 8 below compares the impact of the resource-based practice expense methodology described in this final rule with the impacts published in the June 5, 1998 proposed rule. Differences reflect the net effect of the changes described earlier in the section "Results of the Evaluation of Comments." In general, the changes with the greatest impact were the creation of a separate pool for services with work relative value units equal to zero and the use of the Medicare conversion factor in the indirect cost pool allocation.

TABLE 8.—COMPARISON OF THE IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY OF THE RESOURCE-BASED PRACTICE EXPENSE RELATIVE VALUE UNITS UNDER THE PRACTICE EXPENSE PER HOUR METHODOLOGY WITH THE IMPACTS FROM THE JUNE 5, 1998 PROPOSED RULE

Specialty	Proposed rule cumulative 4-year impact	Current cumulative 4-year impact
M.D./D.O. Physicians:		
Anesthesiology	2	0
Cardiac Surgery	-14	-12
Cardiology	-13	-9
Clinics	-3	-3
Dermatology	27	20

TABLE 8.—COMPARISON OF THE IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY OF THE RESOURCE-BASED PRACTICE EXPENSE RELATIVE VALUE UNITS UNDER THE PRACTICE EXPENSE PER HOUR METHODOLOGY WITH THE IMPACTS FROM THE JUNE 5, 1998 PROPOSED RULE—Continued

Specialty	Proposed rule cumulative 4-year impact	Current cumulative 4-year impact
Emergency Medicine	-13	-10
Family Practice	6	7
Gastroenterology	-14	-15
General Practice	3	4
General Surgery	-6	-7
Hematology/Oncology	2	6
Internal Medicine	1	2
Nephrology	-5	-7
Neurology	0	-1
Neurosurgery	-10	-11
Obstetrics/Gynecology	5	4
Ophthalmology	11	4
Orthopedic Surgery	-1	-1
Other Physician*	0	1
Otolaryngology	6	9
Pathology	-10	-13
Plastic Surgery	5	2
Psychiatry	4	1
Pulmonary	-3	-4
Radiation Oncology	-13	-6
Radiology	-13	-10
Rheumatology	15	16
Thoracic Surgery	-13	-12
Urology	7	5
Vascular Surgery	-12	-11
Others:		
Chiropractic	-2	-8
Nonphysician Practitioner	-1	2
Optometry	36	27
Podiatry	5	9
Suppliers	-18	-6

\* Other physician includes allergy/immunology, oral surgery, physical medicine and rehabilitation, pediatrics, critical care, and hematology.

For certain high volume procedures, Table 9, "Total Payment for Selected Procedures," shows the percentage change between the current 1998 payments (calculated using the 1998 relative value units, 1998 site-of-service policy, and the 1998 conversion factor) and the fully phased-in resource-based practice expense payments (calculated using the full resource-based practice expense relative value units, the 1999 work and malpractice relative value units, and the 1999 Medicare conversion factor).



TABLE 9. - TOTAL PAYMENT FOR SELECTED PROCEDURES

Code	Mod	Description	Current Non-Facility	Resource Based Non-Facility	Non-Facility Percent Change	Current Facility	Resource Based Facility	Facility Percent Change
11721		Debride nail, 6 or more	\$39.81	\$37.16	-7%	\$29.91	\$32.65	9%
17000		Destroy benign/premal lesion	\$36.69	\$46.89	28%	\$28.99	\$30.56	5%
27130		Total hip replacement	NA	NA	NA	\$1,656.80	\$1,360.78	-18%
27236		Repair of thigh fracture	NA	NA	NA	\$1,244.62	\$1,060.70	-15%
27244		Repair of thigh fracture	NA	NA	NA	\$1,230.38	\$1,074.59	-13%
27447		Total knee replacement	NA	NA	NA	\$1,771.16	\$1,422.60	-20%
33533		CABG, arterial, single	NA	NA	NA	\$2,107.91	\$1,839.38	-13%
35301		Rechanneling of artery	NA	NA	NA	\$1,262.70	\$1,065.91	-16%
43239		Upper GI endoscopy, biopsy	\$228.81	\$258.40	13%	\$211.20	\$139.97	-34%
45385		Colonoscopy, lesion removal	\$443.89	\$391.77	-12%	\$414.17	\$277.50	-33%
66821		After cataract laser surgery	\$187.65	\$191.37	2%	\$187.65	\$181.65	-3%
66984		Remove cataract, insert lens	NA	NA	NA	\$795.26	\$663.72	-17%
67210		Treatment of retinal lesion	\$686.27	\$563.34	-18%	\$520.81	\$516.80	-1%
71010	26	Chest x-ray	\$9.36	\$8.34	-11%	\$9.36	\$8.34	-11%
71020		Chest x-ray	\$34.55	\$33.34	-3%	\$34.55	\$33.34	-3%
71020	26	Chest x-ray	\$11.44	\$10.07	-12%	\$11.44	\$10.07	-12%
77430		Weekly radiation therapy	\$188.62	\$170.88	-9%	\$188.62	\$170.88	-9%
78465		Heart image (3D) multiple	\$514.68	\$514.37	0%	\$514.68	\$514.37	0%
88305		Tissue exam by pathologist	\$65.95	\$58.35	-12%	\$65.95	\$58.35	-12%
88305	26	Tissue exam by pathologist	\$46.14	\$38.20	-17%	\$46.14	\$38.20	-17%
90801		Psy dx interview	\$122.08	\$136.15	12%	\$122.08	\$135.45	11%
90806		Psytx, office (45-50)	\$80.95	\$92.73	15%	\$80.95	\$91.00	12%
90807		Psytx, office (45-50) w/e&m	\$90.03	\$96.55	7%	\$90.03	\$97.60	8%
90862		Medication management	\$47.37	\$47.23	0%	\$47.37	\$46.54	-2%
90921		ESRD related services, month	\$235.86	\$232.70	-1%	\$235.86	\$232.70	-1%
90935		Hemodialysis, one evaluation	NA	NA	NA	\$93.87	\$66.34	-29%
92004		Eye exam, new patient	\$77.83	\$114.61	47%	\$67.37	\$82.31	22%
92012		Eye exam established pt	\$39.42	\$71.89	82%	\$31.35	\$34.38	10%
92014		Eye exam & treatment	\$57.55	\$83.36	45%	\$47.65	\$55.92	17%
92980		Insert intra coronary stent	NA	NA	NA	\$1,142.75	\$899.89	-21%
92982		Coronary artery dilation	NA	NA	NA	\$857.33	\$679.00	-21%
93000		Electrocardiogram, complete	\$28.83	\$25.01	-13%	\$28.83	\$25.01	-13%
93010		Electrocardiogram report	\$11.96	\$8.34	-30%	\$11.96	\$8.34	-30%
93015		Cardiovascular stress test	\$116.95	\$101.07	-14%	\$116.95	\$101.07	-14%
93307		Echo exam of heart	\$215.85	\$193.80	-10%	\$215.85	\$193.80	-10%
93307	26	Echo exam of heart	\$70.94	\$47.23	-33%	\$70.94	\$47.23	-33%
93510	26	Left heart catheterization	\$266.37	\$219.16	-18%	\$266.37	\$219.16	-18%
98941		Chiropractic manipulation	\$32.87	\$32.99	0%	\$27.55	\$28.83	5%
99202		Office/outpatient visit, new	\$50.15	\$64.95	30%	\$39.69	\$50.71	28%
99203		Office/outpatient visit, new	\$68.93	\$92.04	34%	\$56.82	\$73.98	30%
99204		Office/outpatient visit, new	\$102.50	\$129.90	27%	\$84.53	\$106.28	26%
99205		Office/outpatient visit, new	\$128.35	\$161.15	26%	\$108.72	\$137.88	27%
99211		Office/outpatient visit, est	\$14.16	\$21.88	55%	\$9.94	\$13.55	36%
99212		Office/outpatient visit, est	\$27.61	\$34.73	26%	\$21.01	\$26.74	27%
99213		Office/outpatient visit, est	\$39.42	\$45.85	16%	\$30.61	\$36.47	19%
99214		Office/outpatient visit, est	\$59.39	\$72.24	22%	\$47.65	\$59.04	24%
99215		Office/outpatient visit, est	\$93.67	\$105.24	12%	\$76.06	\$91.69	21%
99221		Initial hospital care	NA	NA	NA	\$69.84	\$68.77	-2%



TABLE 9. - TOTAL PAYMENT FOR SELECTED PROCEDURES

Code	Mod	Description	Current Non-Facility	Resource Based Non-Facility	Non-Facility Percent Change	Current Facility	Resource Based Facility	Facility Percent Change
99222		Initial hospital care	NA	NA	NA	\$113.45	\$109.06	-4%
99223		Initial hospital care	NA	NA	NA	\$144.98	\$149.35	3%
99231		Subsequent hospital care	NA	NA	NA	\$36.57	\$32.30	-12%
99232		Subsequent hospital care	NA	NA	NA	\$53.64	\$52.10	-3%
99233		Subsequent hospital care	NA	NA	NA	\$74.65	\$74.33	0%
99236		Observ/hosp same date	NA	NA	NA	\$188.78	\$209.08	11%
99238		Hospital discharge day	NA	NA	NA	\$63.24	\$65.30	3%
99239		Hospital discharge day	NA	NA	NA	\$79.05	\$86.83	10%
99241		Office consultation	\$47.95	\$54.18	13%	\$36.21	\$38.55	6%
99242		Office consultation	\$74.95	\$91.00	21%	\$60.82	\$70.50	16%
99243		Office consultation	\$97.12	\$115.66	19%	\$79.33	\$93.43	18%
99244		Office consultation	\$135.96	\$159.42	17%	\$113.40	\$134.76	19%
99245		Office consultation	\$183.26	\$202.14	10%	\$152.26	\$176.44	16%
99251		Initial inpatient consult	NA	NA	NA	\$49.72	\$39.94	-20%
99252		Initial inpatient consult	NA	NA	NA	\$75.59	\$73.28	-3%
99253		Initial inpatient consult	NA	NA	NA	\$99.75	\$98.98	-1%
99254		Initial inpatient consult	NA	NA	NA	\$136.88	\$138.58	1%
99255		Initial inpatient consult	NA	NA	NA	\$185.53	\$187.90	1%
99261		Follow-up inpatient consult	NA	NA	NA	\$27.34	\$26.74	-2%
99262		Follow-up inpatient consult	NA	NA	NA	\$46.94	\$48.28	3%
99263		Follow-up inpatient consult	NA	NA	NA	\$68.77	\$68.42	-1%
99282		Emergency dept visit	NA	NA	NA	\$33.55	\$26.40	-21%
99283		Emergency dept visit	NA	NA	NA	\$61.16	\$56.27	-8%
99284		Emergency dept visit	NA	NA	NA	\$93.48	\$87.52	-6%
99285		Emergency dept visit	NA	NA	NA	\$147.34	\$135.11	-8%
99291		Critical care, first hour	\$191.07	\$191.37	0%	\$191.07	\$189.98	-1%
99292		Critical care, addl 30 min	\$91.86	\$96.55	5%	\$91.86	\$95.51	4%
99301		Nursing facility care	NA	NA	NA	\$57.98	\$62.17	7%
99302		Nursing facility care	NA	NA	NA	\$73.98	\$81.97	11%
99303		Nursing facility care	NA	NA	NA	\$105.04	\$102.11	-3%
99311		Nursing facility care,subseq	NA	NA	NA	\$33.76	\$31.95	-5%
99312		Nursing facility care,subseq	NA	NA	NA	\$49.78	\$50.36	1%
99313		Nursing facility care,subseq	NA	NA	NA	\$66.12	\$70.85	7%
99348		Home visit, estab patient	\$63.30	\$66.68	5%	\$63.30	\$67.03	6%
99350		Home visit, estab patient	\$132.39	\$150.04	13%	\$132.39	\$146.91	11%



Table 10 below displays the impact of the practice expense per hour methodology by Medicare payment locality, including the volume-and-

intensity increase and corresponding conversion factor adjustment discussed earlier. This analysis does not include the effects of the annual updates to the

Medicare physician fee schedule conversion factor.

TABLE 10.—IMPACT OF PRACTICE EXPENSE PER HOUR METHODOLOGY ON TOTAL ALLOWED CHARGES BY MEDICARE LOCALITY (PERCENT CHANGE)

Locality	State	Impact per year	Cumulative four year impact
All	Alaska	0.1	0.5
All	Alabama	-0.2	-0.8
All	Arkansas	-0.2	-0.9
All	Arizona	0.2	1.0
Anaheim/Santa Ana	California	0.6	2.5
Los Angeles	California	0.5	2.1
Marin/Napa/Solano	California	0.6	2.4
Oakland/Berkley	California	0.3	1.1
Rest of California	California	0.3	1.4
San Francisco	California	0.6	2.3
San Mateo	California	0.4	1.5
Santa Clara	California	0.2	0.8
Ventura	California	0.4	1.5
All	Colorado	0.1	0.4
All	Connecticut	0.1	0.6
All	District of Columbia	0.1	0.3
All	Delaware	0.0	0.1
Ft Lauderdale	Florida	0.6	2.6
Miami	Florida	0.1	0.5
Rest of Florida	Florida	0.1	0.5
Atlanta	Georgia	-0.1	-0.3
Rest of Georgia	Georgia	-0.1	0.5
All	Hawaii	0.6	2.4
All	Iowa	-0.2	-0.8
All	Idaho	0.0	0.1
Chicago	Illinois	-0.2	-1.0
East St Louis	Illinois	-0.1	-0.5
Rest of Illinois	Illinois	-0.2	-0.7
Suburban Chicago	Illinois	-0.1	-0.4
All	Indiana	-0.4	-1.5
All	Kansas	-0.2	-0.8
All	Kentucky	-0.3	-1.1
New Orleans	Louisiana	-0.3	-1.2
Rest of Louisiana	Louisiana	-0.3	-1.3
Boston	Massachusetts	-0.3	-1.1
Rest of Massachusetts	Massachusetts	0.1	0.6
Balto/Surr Ctys	Maryland	-0.3	-1.2
Rest of Maryland	Maryland	-0.2	-0.6
Rest of Maine	Maine	-0.1	-0.4
Southern Maine	Maine	-0.1	-0.2
Detroit	Michigan	-0.2	-0.8
Rest of Michigan	Michigan	-0.2	-0.9
All	Minnesota	-0.1	-0.4
Metro Kansas City	Missouri	-0.7	-2.7
Rest of Missouri	Missouri	-0.2	-0.8
Rest of Missouri	Missouri	0.1	0.2
St Louis	Missouri	-0.4	-1.6
All	Mississippi	-0.5	-1.8
All	Montana	0.1	0.3
All	North Carolina	-0.1	-0.3
All	North Dakota	-0.3	-1.1
All	Nebraska	-0.2	-0.8
All	New Hampshire	0.0	-0.2
Northern New Jersey	New Jersey	0.0	0.0
Rest of New Jersey	New Jersey	0.1	0.5
All	New Mexico	0.2	0.8
All	Nevada	0.0	-0.1
Manhattan	New York	0.4	1.5
NYC Suburbs/LI	New York	0.3	1.3
NYC Suburbs/Poughk.	New York	0.3	1.2
Queens	New York	0.7	2.8
Rest of New York	New York	-0.1	-0.2
All	Ohio	-0.3	-1.2
All	Oklahoma	-0.2	-0.7



TABLE 10.—IMPACT OF PRACTICE EXPENSE PER HOUR METHODOLOGY ON TOTAL ALLOWED CHARGES BY MEDICARE LOCALITY (PERCENT CHANGE)—Continued

Locality	State	Impact per year	Cumulative four year impact
Portland .....	Oregon .....	0.1	0.2
Rest of Oregon .....	Oregon .....	0.4	1.5
Philadelphia .....	Pennsylvania .....	-0.1	-0.4
Rest of Pennsylvania .....	Pennsylvania .....	-0.1	-0.3
All .....	Puerto Rico .....	1.0	3.9
All .....	Rhode Island .....	0.2	0.6
All .....	South Carolina .....	0.0	-0.2
All .....	South Dakota .....	-0.4	-1.5
All .....	Tennessee .....	-0.3	-1.3
Austin .....	Texas .....	-0.3	-1.0
Beaumont .....	Texas .....	-0.6	-2.5
Brazoria .....	Texas .....	0.4	1.7
Dallas .....	Texas .....	-0.2	-0.8
Fort Worth .....	Texas .....	0.0	0.0
Galveston .....	Texas .....	-0.4	-1.5
Houston .....	Texas .....	-0.4	-1.8
Rest of Texas .....	Texas .....	-0.1	-0.4
All .....	Utah .....	0.0	0.2
All .....	Virginia .....	0.0	-0.1
All .....	Virgin Islands .....	0.6	2.5
All .....	Vermont .....	0.2	0.9
Rest of Washington .....	Washington .....	0.3	1.2
Seattle (King Co) .....	Washington .....	0.0	0.0
All .....	Wisconsin .....	-0.2	-1.0
All .....	West Virginia .....	-0.2	-0.8
All .....	Wyoming .....	0.3	1.0

### C. Medical Direction for Anesthesia Services

For our proposal relating to the medical direction of anesthesia services (§ 415.110), we have decided to retain the current requirements (that is, requirements (i) and (ii), and (iv)) and make only one technical revision in requirement (iii). The technical revision pertains to the requirement that the physician participate in the most demanding procedures in the anesthesia plan, including, induction and emergence.

### D. Separate Payment for a Physician's Interpretation of an Abnormal Papanicolaou Smear

We are allowing separate payment for a physician's interpretation of a Pap smear to any patient (that is, hospital or nonhospital patient) as long as—(1) The

laboratory's screening personnel suspect an abnormality; and (2) the physician reviews and interprets the pap smear. Currently, separate payment to a physician is limited to a Pap smear interpretation that is abnormal and is furnished to a hospital inpatient. We estimate that there would be a \$10 million increase in payments under the physician fee schedule for this change in payment for Pap smear interpretations for FY 1999.

### E. Rebasing and Revising the Medicare Economic Index

There is negligible impact on Medicare expenditures as a result of this change.

### F. Payment for Nurse Midwives' Services

The provision for nurse midwives' services will place into regulations text

a provision of OBRA 1993 that eliminates the limitation on coverage of services furnished outside the maternity cycle by nurse midwives. This provision has been implemented previously through program instructions; therefore, this change in the regulations text will have no impact.

### G. BBA Provisions Included in This Final Rule

The following five provisions of BBA 1997 are implemented in this final rule. This final rule conforms the regulations text to BBA 1997 provisions. Table 11 below provides the cost and savings estimates (in millions of dollars) for the Medicare program for these provisions for the fiscal years shown:

TABLE 11.—COST AND SAVINGS ESTIMATES FOR BBA 1997 PROVISIONS  
[In millions]

Provision section	Subject	1999	2000	2001	2002	2003
4206	Teleconsultations .....	20	40	55	70	90
4511	Nurse practitioners and Clinical Nurse Specialists .....	290	330	370	440	490
4512	Physician Assistants .....	60	60	70	90	100
4541	Outpatient Rehabilitation .....	-130	-190	-200	-230	-250
4556	Drugs .....	-60	-70	-70	-80	-80



### **Payment for Services of Certain Nonphysician Practitioners and Services Furnished Incident to Their Professional Services**

Sections 4511 and 4512 of BBA 1997 provide for the expanded coverage of nurse practitioner, clinical nurse specialist, and physician assistant services. This provision is self-implementing. This final rule changes the regulations text to conform to the BBA 1997 provisions. We are clarifying the following two existing issues unrelated to the BBA 1997 provisions for nonphysician practitioners:

- Definition of physician collaboration for nurse practitioners.
- The impact of the BBA 1997 provisions is shown in Table 11 (a combination of sections 4511 and 4512 of BBA 1997). The proposals being made final in this rule will have negligible budgetary impact.

### **Payment for Outpatient Rehabilitation Services**

Sections 4541(a)(2) and 4541(a)(3) of BBA 1997 change the payment of outpatient rehabilitation services from cost-based to a payment system based on the physician fee schedule. The regulatory changes are to conform our regulations to the provisions of the BBA 1997.

In addition to the changes directed by the statute, the following changes are being made in this rule to furnish information for identification of the outpatient rehabilitation services and for administrative purposes:

- Specifying HCPCS as the coding system for rehabilitation services since it is used by the fee schedule in section 1848 of the Act.
- Providing for discipline-specific modifiers to be used in coding services.
- Providing for a code for nursing services performed in CORFs.

These administrative changes will have a negligible impact.

Section 4541(c) of BBA 1997 applies an annual per beneficiary limit of \$1,500 to all outpatient physical therapy services (including speech-language pathology services) except for services furnished by a hospital outpatient department. A separate \$1,500 limit also applies to all outpatient occupational therapy services except for services furnished by hospital outpatient departments. Therapy services furnished incident to a physician's professional services are also subject to these limits. The changes in this rule conform the regulations to the BBA 1997 provisions. The delay in full implementation, however, is discussed below.

There are several different types of providers that will be affected by this BBA 1997 provision. The largest providers are SNFs, outpatient rehabilitation facilities, and hospital outpatient departments. There are about 15,000 SNFs, 2,500 outpatient rehabilitation facilities, and about 5,600 outpatient hospital facilities. We determined that the services that would be affected by these changes account for about 15 percent of Medicare Part B payments to facilities.

We estimate that these providers as well as other providers and practitioners of outpatient therapy services will experience a reduction in revenue both because of the movement from cost reimbursement to fee schedule payments and because of the \$1,500 limits. The impact of the provisions on individual providers, however, cannot be estimated for a variety of reasons. First, since reimbursement has historically been based on cost for most providers, we do not have coded information on individual services per beneficiary at individual providers. Second, with respect to the impact of the \$1,500 limit, the extent to which a provider will receive a payment from another source to substitute for Medicare's payment is unknown. For example, if a beneficiary reaches the \$1,500 limit, Medicare will no longer pay, but payment may be received from another source, such as a Medigap insurer, a retiree health plan, or the beneficiary.

The \$1,500 limits will reduce the amount of therapy services paid for by Medicare. The patients most affected are likely to be those with diagnoses such as stroke, certain fractures, and amputation, where the number of therapy visits needed by a patient may exceed those that can be reimbursed by Medicare under the statutory limits. Services not paid for by Medicare, however, may be paid for by other payers.

As explained in the preamble, the \$1,500 limits will not be fully implemented until sometime in 2000 due to the necessity to devote resources to Y2K compliance activities. Until that time, the limits will be implemented partially on a per-provider basis whereby each provider will be held accountable for tracking expenses for each beneficiary and not billing Medicare for beneficiaries that have met the limit at their facility. Implementing the provision in this fashion should lessen the impact on both beneficiaries and providers until full implementation occurs.

### **Impact on Small Rural Hospitals**

We realize that the provision to move from cost reimbursement to a fee schedule may have an impact on small rural hospitals; however, we have been unable to assess this impact because we do not have the data to make this analysis. Also, data that would identify the extent to which these services are currently being furnished in small rural hospitals to serve as the baseline for comparing the impact of the legislative changes are not available. In addition, we do not maintain data that identify services furnished under the physician fee schedule in areas where rural hospitals are located. Although there are localities designated for payment purposes, there is very little correlation between the payment localities (most of which are state-wide) and areas where small rural hospitals are located.

### **Payment for Drugs and Biologicals**

The impact of this BBA 1997 provision is shown in Table 5. This final rule modifies the current regulatory language regarding drug payment to conform to the BBA 1997 changes. Revising the regulation on multi-source drugs to include the brand name version of the drug is not related to the BBA 1997 drug provision but will have a slight program savings.

### **Private Contracting with Medicare Beneficiaries**

We anticipate that there would be a negligible impact on Medicare trust fund payments as a result of the regulation that implements the law. The program impact of the provision when it was assessed in the legislative process was negligible. The impact on beneficiaries, physicians, and practitioners is impossible to assess in any quantitative way.

Specifically, beneficiaries who have had difficulty in finding physicians or practitioners to furnish services because the physicians or practitioners were dissatisfied with the Medicare payment rates may find it easier to acquire care. On the other hand, beneficiaries who cannot afford to privately contract with physicians or practitioners who opt out of Medicare may have more limited access to care as they try to seek care from reduced numbers of physicians and practitioners who will accept Medicare payment rules.

Physicians and practitioners who opt out of Medicare may see increased incomes as a result of their ability to charge without regard to the Medicare limiting charge. However, to the extent that beneficiaries cease to seek treatment from them because they have



opted out of Medicare, their incomes may decline. Moreover, organizations to which physicians and practitioners had reassigned Medicare benefits may cease their contracts with them if they opt out since the organizations could no longer be paid by Medicare for the physician's or practitioner's service. Managed care plans that have a contract with Medicare may cease their contractual arrangement with physicians and practitioners who opt out of Medicare since the plan cannot pay for any of

their services to Medicare beneficiaries and, hence, their services no longer offer access to care under the plan. Similarly, insurance plans other than Medicare can choose to not pay for the services provided to any of their enrollees by physicians and practitioners who opt out of Medicare, causing the physicians and practitioners who opt out further loss of income.

### Teleconsultations

We estimate that the cost of providing consultation services in accordance with section 4206 of BBA 1997 will be approximately \$20 million in FY 1999 and approximately \$90 million by FY 2003. Note that the FY 1999 estimate reflects only a partial year estimate, given the January 1, 1999 effective date for teleconsultation coverage. We estimate that teleconsultation will cost approximately \$275 million for the first 5 years of coverage, as indicated below:

### MEDICARE COSTS

[In millions]

FY 1999	FY 2000	FY 2001	FY 2002	FY 2003
\$20	\$40	\$55	\$70	\$90

This rule would provide for payment exclusively for professional consultation with a physician and certain other practitioners via interactive telecommunication systems. Section 4206 of BBA 1997 does not provide for payment for telephone line fees or any facility fees associated with teleconsultation that may be incurred by hospitals included in the telemedicine network.

Further, this rule does not mandate that entities provide consultation services via telecommunications. Thus, this final rule does not require entities to purchase telemedicine equipment or to acquire the telecommunications infrastructure necessary to deliver consultation services via telecommunication systems. Therefore, this rule does not impose costs associated with starting and operating a telemedicine network.

The benefit changes in this final rule resulting from payment for teleconsultation services do not result in additional Medicare expenditures of \$100 million or more for any single FY through FY 2003. We have determined, and we certify, that teleconsultation provisions do not have a significant economic impact on a substantial number of small entities or a significant impact on the operations of a substantial number of small rural hospitals.

### H. Impact on Beneficiaries

Although changes in physicians' payments when the physician fee schedule was implemented in 1992 were large, we detected no problems with beneficiary access to care. Because there is a 4-year transition to the resource-based practice expense system, we anticipate a minimal impact on beneficiaries.

The benefit changes in this final rule resulting from payment for teleconsultation services do not result in additional Medicare expenditures of \$100 million or more for any single FY through FY 2003. We have determined, and we certify, that teleconsultation provisions do not have a significant economic impact on a substantial number of small entities or a significant impact on the operations of a substantial number of small rural hospitals.

Statutory effects that are being implemented by this regulation result in specialty impacts exceeding \$100 million per year. Therefore, this rule is an economically significant rule under Executive Order 12866, and a major rule under Title 5, United States Code, section 804(2).

In accordance with the provisions of Executive Order 12866, this regulation was reviewed by the Office of Management and Budget.

### List of Subjects

#### 42 CFR Part 405

Administrative practice and procedure, Health facilities, Health professions, Kidney diseases, Medicare, Reporting and recordkeeping requirements, Rural areas, X-rays.

#### 42 CFR Part 410

Health facilities, Health professions, Kidney diseases, Laboratories, Medicare, Rural areas, X-rays.

#### 42 CFR Part 413

Health facilities, Kidney diseases, Medicare, Puerto Rico, Reporting and recordkeeping requirements.

#### 42 CFR Part 414

Administrative practice and procedure, Health facilities, Health

professions, Kidney diseases, Medicare, Reporting and recordkeeping requirements, Rural areas, X-rays.

#### 42 CFR Part 415

Health facilities, Health professions, Medicare and Reporting and recordkeeping requirements.

#### 42 CFR Part 424

Emergency medical services, Health facilities, Health professions, Medicare.

#### 42 CFR Part 485

Grant programs-health, Health facilities, Medicaid, Medicare, Reporting and recordkeeping requirements.

For the reasons set forth in the preamble, 42 CFR chapter IV is amended as follows:

### PART 405—FEDERAL HEALTH INSURANCE FOR THE AGED AND DISABLED

A. Part 405 is amended as set forth below:

1. A new subpart D, consisting of §§ 405.400, 405.405, 405.410, 405.415, 405.420, 405.425, 405.430, 405.435, 405.440, 405.445, 405.450, and 405.455 is added to read as follows:

#### Subpart D—Private Contracts

Secs.

- 405.400 Definitions.
- 405.405 General rules.
- 405.410 Conditions for properly opting-out of Medicare.
- 405.415 Requirements of the private contract.
- 405.420 Requirements of the opt-out affidavit.
- 405.425 Effects of opting-out of Medicare.
- 405.430 Failure to properly opt-out.
- 405.435 Failure to maintain opt-out.
- 405.440 Emergency and urgent care services.



405.445 Renewal and early termination of opt-out.

405.450 Appeals.

405.455 Application to Medicare+Choice contracts.

**Authority:** Secs. 1102, 1802, and 1871 of the Social Security Act (42 U.S.C. 1302, 1395a, and 1395hh).

#### Subpart D—Private Contracts

##### § 405.400 Definitions.

For purposes of this subpart, the following definitions apply:

*Beneficiary* means an individual who is enrolled in Part B of Medicare.

*Emergency care services* means services furnished to an individual for treatment of an "emergency medical condition" as that term is defined in § 422.2 of this chapter.

*Legal representative* means one or more individuals who, as determined by applicable State law, has the legal authority to enter into the contract with the physician or practitioner on behalf of the beneficiary.

*Opt-out* means the status of meeting the conditions specified in § 405.410.

*Opt-out period* means the 2-year period beginning on the effective date of the affidavit as specified by § 405.410(c)(1) or § 405.410(c)(2), as applicable.

*Participating physician* means a "physician" as defined in this section who has signed an agreement to participate in Part B of Medicare.

*Physician* means a doctor of medicine or a doctor of osteopathy who is currently licensed as that type of doctor in each State in which he or she furnishes services to patients.

*Practitioner* means a physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, clinical psychologist, or clinical social worker, who is currently legally authorized to practice in that capacity by each State in which he or she furnishes services to patients or clients.

*Private contract* means a document that meets the criteria specified in § 405.415.

*Properly opt-out* means to complete, without defect, the requirements for opt-out as specified in § 405.410.

*Properly terminate opt-out* means to complete, without defect, the requirements for terminating opt-out as specified in § 405.445.

*Urgent care services* means services furnished to an individual who requires services to be furnished within 12 hours in order to avoid the likely onset of an emergency medical condition.

##### § 405.405 General rules.

(a) A physician or practitioner may enter into one or more private contracts with Medicare beneficiaries for the purpose of furnishing items or services that would otherwise be covered by Medicare, provided the conditions of this subpart are met.

(b) A physician or practitioner who enters into at least one private contract with a Medicare beneficiary under the conditions of this subpart, and who submits one or more affidavits in accordance with this subpart, opts-out of Medicare for a 2-year period unless the opt-out is terminated early according to § 405.445. The physician's or practitioner's opt-out may be renewed for subsequent 2-year periods.

(c) Both the private contracts described in paragraph (a) of this section and the physician's or practitioner's opt-out described in paragraph (b) of this section are null and void if the physician or practitioner fails to properly opt-out in accordance with the conditions of this subpart.

(d) Both the private contracts described in paragraph (a) of this section and the physician's or practitioner's opt-out described in paragraph (b) of this section are null and void for the remainder of the opt-out period if the physician or practitioner fails to remain in compliance with the conditions of this subpart during the opt-out period.

(e) Services furnished under private contracts meeting the requirements of this subpart are not covered services under Medicare, and no Medicare payment will be made for such services either directly or indirectly, except as permitted in accordance with § 405.435(c).

##### § 405.410 Conditions for properly opting-out of Medicare.

The following conditions must be met for a physician or practitioner to properly opt-out of Medicare:

(a) Each private contract between a physician or a practitioner and a Medicare beneficiary that is entered into prior to the submission of the affidavit described in paragraph (b) of this section must meet the specifications of § 405.415.

(b) The physician or practitioner must submit an affidavit that meets the specifications of § 405.420 to each Medicare carrier with which he or she would file claims absent completion of opt-out.

(c) A nonparticipating physician or a practitioner may opt-out of Medicare at any time in accordance with the following:

(1) The 2-year opt-out period begins the date the affidavit meeting the requirements of § 405.420 is signed, provided the affidavit is filed within 10 days after he or she signs his or her first private contract with a Medicare beneficiary.

(2) If the physician or practitioner does not timely file any required affidavit, the 2-year opt-out period begins when the last such affidavit is filed. Any private contract entered into before the last required affidavit is filed becomes effective upon the filing of the last required affidavit and the furnishing of any items or services to a Medicare beneficiary under such contract before the last required affidavit is filed is subject to standard Medicare rules.

(d) A participating physician may properly opt-out of Medicare at the beginning of any calendar quarter, provided that the affidavit described in § 405.420 is submitted to the participating physician's Medicare carriers at least 30 days before the beginning of the selected calendar quarter. A private contract entered into before the beginning of the selected calendar quarter becomes effective at the beginning of the selected calendar quarter and the furnishing of any items or services to a Medicare beneficiary under such contract before the beginning of the selected calendar quarter is subject to standard Medicare rules.

##### § 405.415 Requirements of the private contract.

A private contract under this subpart must:

(a) Be in writing and in print sufficiently large to ensure that the beneficiary is able to read the contract.

(b) Clearly state whether the physician or practitioner is excluded from Medicare under sections 1128, 1156, or 1892 or any other section of the Social Security Act.

(c) State that the beneficiary or his or her legal representative accepts full responsibility for payment of the physician's or practitioner's charge for all services furnished by the physician or practitioner.

(d) State that the beneficiary or his or her legal representative understands that Medicare limits do not apply to what the physician or practitioner may charge for items or services furnished by the physician or practitioner.

(e) State that the beneficiary or his or her legal representative agrees not to submit a claim to Medicare or to ask the physician or practitioner to submit a claim to Medicare.

(f) State that the beneficiary or his or her legal representative understands



that Medicare payment will not be made for any items or services furnished by the physician or practitioner that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.

(g) State that the beneficiary or his or her legal representative enters into this contract with the knowledge that he or she has the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted-out of Medicare, and that the beneficiary is not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted-out.

(h) State the expected or known effective date and expected or known expiration date of the opt-out period.

(i) State that the beneficiary or his or her legal representative understands that Medigap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare.

(j) Be signed by the beneficiary or his or her legal representative and by the physician or practitioner.

(k) Not be entered into by the beneficiary or by the beneficiary's legal representative during a time when the beneficiary requires emergency care services or urgent care services.

(However, a physician or practitioner may furnish emergency or urgent care services to a Medicare beneficiary in accordance with § 405.440.)

(l) Be provided (a photocopy is permissible) to the beneficiary or to his or her legal representative before items or services are furnished to the beneficiary under the terms of the contract.

(m) Be retained (original signatures of both parties required) by the physician or practitioner for the duration of the opt-out period.

(n) Be made available to HCFA upon request.

(o) Be entered into for each opt-out period.

#### **§ 405.420 Requirements of the opt-out affidavit.**

An affidavit under this subpart must:

(a) Be in writing and be signed by the physician or practitioner.

(b) Contain the physician's or practitioner's full name, address, telephone number, national provider identifier (NPI) or billing number, if one has been assigned, uniform provider identification number (UPIN) if one has been assigned, or, if neither an NPI nor a UPIN has been assigned, the physician's or practitioner's tax identification number (TIN).

(c) State that, except for emergency or urgent care services (as specified in § 405.440), during the opt-out period the physician or practitioner will provide services to Medicare beneficiaries only through private contracts that meet the criteria of paragraph § 405.415 for services that, but for their provision under a private contract, would have been Medicare-covered services.

(d) State that the physician or practitioner will not submit a claim to Medicare for any service furnished to a Medicare beneficiary during the opt-out period, nor will the physician or practitioner permit any entity acting on his or her behalf to submit a claim to Medicare for services furnished to a Medicare beneficiary, except as specified in § 405.440.

(e) State that, during the opt-out period, the physician or practitioner understands that he or she may receive no direct or indirect Medicare payment for services that he or she furnishes to Medicare beneficiaries with whom he or she has privately contracted, whether as an individual, an employee of an organization, a partner in a partnership, under a reassignment of benefits, or as payment for a service furnished to a Medicare beneficiary under a Medicare+Choice plan.

(f) State that a physician or practitioner who opts-out of Medicare acknowledges that, during the opt-out period, his or her services are not covered under Medicare and that no Medicare payment may be made to any entity for his or her services, directly or on a capitated basis.

(g) State a promise by the physician or practitioner to the effect that, during the opt-out period, the physician or practitioner agrees to be bound by the terms of both the affidavit and the private contracts that he or she has entered into.

(h) Acknowledge that the physician or practitioner recognizes that the terms of the affidavit apply to all Medicare-covered items and services furnished to Medicare beneficiaries by the physician or practitioner during the opt-out period (except for emergency or urgent care services furnished to the beneficiaries with whom he or she has not previously privately contracted) without regard to any payment arrangements the physician or practitioner may make.

(i) With respect to a physician who has signed a Part B participation agreement, acknowledge that such agreement terminates on the effective date of the affidavit.

(j) Acknowledge that the physician or practitioner understands that a beneficiary who has not entered into a private contract and who requires

emergency or urgent care services may not be asked to enter into a private contract with respect to receiving such services and that the rules of § 405.440 apply if the physician furnishes such services.

#### **§ 405.425 Effects of opting-out of Medicare.**

If a physician or practitioner opts-out of Medicare in accordance with this subpart for the 2-year period for which the opt-out is effective, the following results obtain:

(a) Except as provided in § 405.440, no payment may be made directly by Medicare or by any Medicare+Choice plan to the physician or practitioner or to any entity to which the physician or practitioner reassigns his right to receive payment for services.

(b) The physician or practitioner may not furnish any item or service that would otherwise be covered by Medicare (except for emergency or urgent care services) to any Medicare beneficiary except through a private contract that meets the requirements of this subpart.

(c) The physician or practitioner is not subject to the requirement to submit a claim for items or services furnished to a Medicare beneficiary, as specified in § 424.5(a)(6) of this chapter, except as provided in § 405.440.

(d) The physician or practitioner is prohibited from submitting a claim to Medicare for items or services furnished to a Medicare beneficiary except as provided in § 405.440.

(e) In the case of a physician, he or she is not subject to the limiting charge provisions of § 414.48 of this chapter, except for services provided under § 405.440.

(f) The physician or practitioner is not subject to the prohibition-on-reassignment provisions of § 414.80 of this chapter, except for services provided under § 405.440.

(g) In the case of a practitioner, he or she is not prohibited from billing or collecting amounts from beneficiaries (as provided in 42 U.S.C. 1395u(b)(18)(B)).

(h) The death of a beneficiary who has entered into a private contract (or whose legal representative has done so) does not invoke § 424.62 or § 424.64 of this chapter with respect to the physician or practitioner with whom the beneficiary (or legal representative) has privately contracted.

(i) The physician or practitioner who has not been excluded under sections 1128, 1156, or 1892 of the Social Security Act may order, certify the need for, or refer a beneficiary for Medicare-covered items and services, provided



the physician or practitioner is not paid, directly or indirectly, for such services (except as provided in § 405.440).

(j) The physician or practitioner who is excluded under sections 1128, 1156, or 1892 of the Social Security Act may not order, prescribe, or certify the need for Medicare-covered items and services except as provided in § 1001.1901 of this title, and must otherwise comply with the terms of the exclusion in accordance with § 1001.1901 effective with the date of the exclusion.

#### **§ 405.430 Failure to properly opt-out.**

(a) A physician or practitioner fails to properly opt-out if—

(1) Any private contract between the physician or practitioner and a Medicare beneficiary, that was entered into before the affidavit described in § 405.420 was filed, does not meet the specifications of § 405.415; or

(2) He or she fails to submit the affidavit(s) in accordance with § 405.420.

(b) If a physician or practitioner fails to properly opt-out in accordance with paragraph (a) of this section, the following results obtain:

(1) The physician's or practitioner's attempt to opt-out of Medicare is nullified, and all of the private contracts between the physician or practitioner and Medicare beneficiaries for the two-year period covered by the attempted opt-out are deemed null and void.

(2) The physician or practitioner must submit claims to Medicare for all Medicare-covered items and services furnished to Medicare beneficiaries, including the items and services furnished under the nullified contracts. A nonparticipating physician is subject to the limiting charge provisions of § 414.48 of this chapter. A participating physician is subject to the limitations on charges of the participation agreement he or she signed.

(3) The practitioner may not reassign any claim except as provided in § 424.80 of this chapter.

(4) The practitioner may neither bill nor collect an amount from the beneficiary except for applicable deductible and coinsurance amounts.

(5) The physician or practitioner may make another attempt to properly opt-out at any time.

#### **§ 405.435 Failure to maintain opt-out.**

(a) A physician or practitioner fails to maintain opt-out under this subpart if, during the opt-out period—

(1) He or she knowingly and willfully—

(i) Submits a claim for Medicare payment (except as provided in § 405.440); or

(ii) Receives Medicare payment directly or indirectly for Medicare-covered services furnished to a Medicare beneficiary (except as provided in § 405.440).

(2) He or she fails to enter into private contracts with Medicare beneficiaries for the purpose of furnishing items and services that would otherwise be covered by Medicare, or enters into contracts that fail to meet the specifications of § 405.415; or

(3) He or she fails to comply with the provisions of § 405.440 regarding billing for emergency care services or urgent care services; or

(4) He or she fails to retain a copy of each private contract that he or she has entered into for the duration of the opt-out period for which the contracts are applicable or fails to permit HCFA to inspect them upon request.

(b) If a physician or practitioner fails to maintain opt-out in accordance with paragraph (a) of this section, and fails to demonstrate, within 45 days of a notice from the carrier of a violation of paragraph (a) of this section, that he or she has taken good faith efforts to maintain opt-out (including by refunding amounts in excess of the charge limits to beneficiaries with whom he or she did not sign a private contract), the following results obtain, effective 46 days after the date of the notice, but only for the remainder of the opt-out period:

(1) All of the private contracts between the physician or practitioner and Medicare beneficiaries are deemed null and void.

(2) The physician's or practitioner's opt-out of Medicare is nullified.

(3) The physician or practitioner must submit claims to Medicare for all Medicare-covered items and services furnished to Medicare beneficiaries.

(4) The physician or practitioner or beneficiary will not receive Medicare payment on Medicare claims for the remainder of the opt-out period, except as provided in paragraph (c) of this section.

(5) The physician is subject to the limiting charge provisions of § 414.48 of this chapter.

(6) The practitioner may not reassign any claim except as provided in § 424.80 of this chapter.

(7) The practitioner may neither bill nor collect any amount from the beneficiary except for applicable deductible and coinsurance amounts.

(8) The physician or practitioner may not attempt to once more meet the criteria for properly opting-out until the 2-year opt-out period expires.

(c) Medicare payment may be made for the claims submitted by a

beneficiary for the services of an opt-out physician or practitioner when the physician or practitioner did not privately contract with the beneficiary for services that were not emergency care services or urgent care services and that were furnished no later than 15 days after the date of a notice by the carrier that the physician or practitioner has opted-out of Medicare.

#### **§ 405.440 Emergency and urgent care services.**

(a) A physician or practitioner who has opted-out of Medicare under this subpart need not enter into a private contract to furnish emergency care services or urgent care services to a Medicare beneficiary. Accordingly, a physician or practitioner will not be determined to have failed to maintain opt-out if he or she furnishes emergency care services or urgent care services to a Medicare beneficiary with whom the physician or practitioner has not previously entered into a private contract, provided the physician or practitioner complies with the billing requirements specified in paragraph (b) of this section.

(b) When a physician or practitioner who has not been excluded under sections 1128, 1156, or 1892 of the Social Security Act furnishes emergency care services or urgent care services to a Medicare beneficiary with whom the physician or practitioner has not previously entered into a private contract, he or she:

(1) Must submit a claim to Medicare in accordance with both 42 CFR part 424 and Medicare instructions (including but not limited to complying with proper coding of emergency or urgent care services furnished by physicians and practitioners who have opted-out of Medicare).

(2) May collect no more than—

(i) The Medicare limiting charge, in the case of a physician; or

(ii) The deductible and coinsurance, in the case of a practitioner.

(c) Emergency care services or urgent care services furnished to a Medicare beneficiary with whom the physician or practitioner has previously entered into a private contract (that is, entered into before the onset of the emergency medical condition or urgent medical condition), are furnished under the terms of the private contract.

(d) Medicare may make payment for emergency care services or urgent care services furnished by a physician or practitioner who has properly opted-out when the services are furnished and the claim for services is made in accordance with this section. A physician or practitioner who has been excluded



must comply with the regulations at § 1001.1901 (Scope and effect of exclusion) of this title when he or she furnishes emergency services to beneficiaries and may not bill and be paid for urgent care services.

**§ 405.445 Renewal and early termination of opt-out.**

(a) A physician or practitioner may renew opt-out by filing an affidavit with each carrier with which he or she would file claims absent completion of opt-out, provided the affidavits are filed within 30 days after the current opt-out period expires.

(b) To properly terminate opt-out a physician or practitioner must:

(1) Not have previously opted out of Medicare.

(2) Notify all Medicare carriers, with which he or she filed an affidavit, of the termination of the opt-out no later than 90 days after the effective date of the opt-out period.

(3) Refund to each beneficiary with whom he or she has privately contracted all payment collected in excess of:

(i) The Medicare limiting charge (in the case of physicians); or

(ii) The deductible and coinsurance (in the case of practitioners).

(4) Notify all beneficiaries with whom the physician or practitioner entered into private contracts of the physician's or practitioner's decision to terminate opt-out and of the beneficiaries' right to have claims filed on their behalf with Medicare for the services furnished during the period between the effective date of the opt-out and the effective date of the termination of the opt-out period.

(c) When the physician or practitioner properly terminates opt-out in accordance with paragraph (b), he or she will be reinstated in Medicare as if there had been no opt-out, and the provision of § 405.425 shall not apply unless the physician or practitioner subsequently properly opts out.

(d) A physician or practitioner who has completed opt-out on or before January 1, 1999 may terminate opt-out during the 90 days following January 1, 1999 if he or she notifies all carriers to whom he or she would otherwise submit claims of the intent to terminate opt-out and complies with paragraphs (b)(3) and (4) of this section. Paragraph (c) of this section applies in these cases.

**§ 405.450 Appeals.**

(a) A determination by HCFA that a physician or practitioner has failed to properly opt-out, failed to maintain opt-out, failed to timely renew opt-out, failed to privately contract, or failed to properly terminate opt-out is an initial determination for purposes of § 405.803.

(b) A determination by HCFA that no payment can be made to a beneficiary for the services of a physician who has opted-out is an initial determination for purposes of § 405.803.

**§ 405.455 Application to Medicare+Choice contracts.**

An organization that has a contract with HCFA to provide one or more Medicare+Choice (M+C) plans to beneficiaries (part 422 of this chapter):

(a) Must acquire and maintain information from Medicare carriers on physicians and practitioners who have opted-out of Medicare.

(b) Must make no payment directly or indirectly for Medicare covered services furnished to a Medicare beneficiary by a physician or practitioner who has opted-out of Medicare.

(c) May make payment to a physician or practitioner who furnishes emergency or urgent care services to a beneficiary who has not previously entered into a private contract with the physician or practitioner in accordance with § 405.440.

**Subpart E—Criteria for Determining Reasonable Charges**

2. The authority citation for part 405, subpart E, continues to read as follows:

**Authority:** Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

3. Section 405.517 is revised to read as follows:

**§ 405.517 Payment for drugs and biologicals that are not paid on a cost or prospective payment basis.**

(a) *Applicability.* Payment for a drug or biological that is not paid on a cost or prospective payment basis is determined by the standard methodology described in paragraph (b) of this section. Examples of when this procedure applies include a drug or biological furnished incident to a physician's service, a drug or biological furnished by an independent dialysis facility that is not included in the ESRD composite rate set forth in § 413.170(c) of this chapter, and a drug or biological furnished as part of the durable medical equipment benefit.

(b) *Methodology.* Payment for a drug or biological described in paragraph (a) of this section is based on the lower of the actual charge on the Medicare claim for benefits or 95 percent of the national average wholesale price of the drug or biological.

(c) *Multiple-source drugs.* For multiple-source drugs and biologicals, for purposes of this regulation, the average wholesale price is defined as

the lesser of the median average wholesale price for all sources of the generic forms of the drug or biological or the lowest average wholesale price of the brand name forms of the drug or biological.

4. A new § 405.520 is added to read as follows:

**§ 405.520 Payment for a physician assistants, nurse practitioners, and clinical nurse specialists' services and services furnished incident to their professional services.**

(a) *General rule.* A physician assistants, nurse practitioners, and clinical nurse specialists' services, and services and supplies furnished incident to their professional services, are paid in accordance with the physician fee schedule. The payment for a physician assistants' services may not exceed the limits at § 414.52 of this chapter. The payment for a nurse practitioners' and clinical nurse specialists' services may not exceed the limits at § 414.56 of this chapter.

(b) *Requirements.* Medicare payment is made only if all claims for payment are made on an assignment-related basis in accordance with § 424.55 of this chapter, that sets forth, respectively, the conditions for coverage of physician assistants' services, nurse practitioners' services and clinical nurse specialists' services, and services and supplies furnished incident to their professional services.

(c) *Civil money penalties.* Any person or entity who knowingly and willingly bills a Medicare beneficiary amounts in excess of the appropriate coinsurance and deductible is subject to a civil money penalty not to exceed \$2,000 for each bill or request for payment.

**PART 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS**

B. Part 410 is amended as set forth below:

1. The authority citation for part 410 continues to read as follows:

**Authority:** Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

**§ 410.1 [Amended]**

2. Section 410.1, paragraph (a) is amended by adding the following sentence at the end: "Section 4206 of the Balanced Budget Act of 1997 sets forth the conditions for payment for professional consultations that take place by means of telecommunications systems."



**§ 410.32 [Amended]**

3. In § 410.32(a)(3), the last word, "section," is removed and the word "paragraph" is added in its place.

4. A new section 410.59 is added to read as follows:

**§ 410.59 Outpatient occupational therapy services: Conditions.**

(a) *Basic rule.* Medicare Part B pays for outpatient occupational therapy services if they meet the following conditions:

(1) They are furnished to a beneficiary while he or she is under the care of a physician who is a doctor of medicine, osteopathy, or podiatric medicine.

(2) They are furnished under a written plan of treatment that meets the requirements of § 410.61.

(3) They are furnished—

(i) By a provider as defined in § 489.2 of this chapter, or by others under arrangements with, and under the supervision of, a provider; or

(ii) By or under the personal supervision of an occupational therapist in private practice as described in paragraph (c) of this section.

(b) *Outpatient occupational therapy services furnished to certain inpatients of a hospital or a CAH or SNF.* Medicare Part B pays for outpatient occupational therapy services furnished to an inpatient of a hospital, CAH, or SNF who requires them but who has exhausted or is otherwise ineligible for benefit days under Medicare Part A.

(c) *Special provisions for services furnished by occupational therapists in private practice.*

(1) *Basic qualifications.* In order to qualify under Medicare as a supplier of outpatient occupational therapy services, each individual occupational therapist in private practice must meet the following requirements:

(i) Be legally authorized (if applicable, licensed, certified, or registered) to engage in the private practice of occupational therapy by the State in which he or she practices, and practice only within the scope of his or her license, certification, or registration.

(ii) Engage in the private practice of occupational therapy on a regular basis as an individual, in one of the following practice types:

(A) An unincorporated solo practice.

(B) A partnership or unincorporated group practice.

(C) An unincorporated solo practice, partnership, or group practice, a professional corporation or other incorporated occupational therapy practice. Private practice does not include any individual during the time he or she is working as an employee of a provider.

(iii) Bill Medicare only for services furnished in his or her private practice office space, or in the patient's home. A therapist's private practice office space refers to the location(s) where the practice is operated, in the State(s) where the therapist (and practice, if applicable) is legally authorized to furnish services, during the hours that the therapist engages in practice at that location. When services are furnished in private practice office space, that space must be owned, leased, or rented by the practice and used for the exclusive purpose of operating the practice. A patient's home does not include any institution that is a hospital, an CAH, or a SNF.

(iv) Treat individuals who are patients of the practice and for whom the practice collects fees for the services furnished.

(2) *Supervision of occupational therapy services.* Occupational therapy services are performed by, or under the personal supervision of, the occupational therapist in private practice. All services not performed personally by the therapist must be performed by employees of the practice, personally supervised by the therapist, and included in the fee for the therapist's services.

(d) *Excluded services.* No service is included as an outpatient occupational therapy service if it would not be included as an inpatient hospital service if furnished to a hospital or CAH inpatient.

(e) *Annual limitation on incurred expenses.* (1) Amount of limitation. (i) In 1999, 2000, and 2001, no more than \$1,500 of allowable charges incurred in a calendar year for outpatient occupational therapy services are recognized incurred expenses.

(ii) In 2002 and thereafter, the limitation is determined by increasing the limitation in effect in the previous calendar year by the increase in the Medicare Economic Index for the current year.

(2) For purposes of applying the limitation, outpatient occupational therapy includes:

(i) Except as provided in paragraph (e)(3) of this section, outpatient occupational therapy services furnished under this section;

(ii) Outpatient occupational therapy services furnished by a comprehensive outpatient rehabilitation facility;

(iii) Outpatient occupational therapy services furnished by a physician or incident to a physician's service;

(iv) Outpatient occupational therapy services furnished by a nurse practitioner, clinical nurse specialist, or

physician assistant or incident to their services.

(3) For purposes of applying the limitation, outpatient occupational therapy services excludes services furnished by a hospital directly or under arrangements.

5. Section 410.60 is revised to read as follows:

**§ 410.60 Outpatient physical therapy services: Conditions.**

(a) *Basic rule.* Medicare Part B pays for outpatient physical therapy services if they meet the following conditions:

(1) They are furnished to a beneficiary while he or she is under the care of a physician who is a doctor of medicine, osteopathy, or podiatric medicine.

(2) They are furnished under a written plan of treatment that meets the requirements of § 410.61.

(3) They are furnished—

(i) By a provider as defined in § 489.2 of this chapter, or by others under arrangements with, and under the supervision of, a provider; or

(ii) By or under the personal supervision of a physical therapist in private practice as described in paragraph (c) of this section.

(b) *Outpatient physical therapy services furnished to certain inpatients of a hospital or a CAH or SNF.* Medicare Part B pays for outpatient physical therapy services furnished to an inpatient of a hospital, CAH, or SNF who requires them but who has exhausted or is otherwise +ineligible for benefit days under Medicare Part A.

(c) *Special provisions for services furnished by physical therapists in private practice.* (1) *Basic qualifications.* In order to qualify under Medicare as a supplier of outpatient physical therapy services, each individual physical therapist in private practice must meet the following requirements:

(i) Be legally authorized (if applicable, licensed, certified, or registered) to engage in the private practice of physical therapy by the State in which he or she practices, and practice only within the scope of his or her license, certification, or registration.

(ii) Engage in the private practice of physical therapy on a regular basis as an individual, in one of the following practice types:

(A) An unincorporated solo practice.

(B) An unincorporated partnership or unincorporated group practice.

(C) An unincorporated solo practice, partnership, or group practice, or a professional corporation or other incorporated physical therapy practice. Private practice does not include any individual during the time he or she is working as an employee of a provider.



(iii) Bill Medicare only for services furnished in his or her private practice office space, or in the patient's home. A therapist's private practice office space refers to the location(s) where the practice is operated, in the State(s) where the therapist (and practice, if applicable) is legally authorized to furnish services, during the hours that the therapist engages in practice at that location. When services are furnished in private practice office space, that space must be owned, leased, or rented by the practice and used for the exclusive purpose of operating the practice. A patient's home does not include any institution that is a hospital, a CAH, or a SNF.

(iv) Treat individuals who are patients of the practice and for whom the practice collects fees for the services furnished.

(2) *Supervision of physical therapy services.* Physical therapy services are performed by, or under the personal supervision of, the physical therapist in private practice. All services not performed personally by the therapist must be performed by employees of the practice, personally supervised by the therapist, and included in the fee for the therapist's services.

(d) *Excluded services.* No service is included as an outpatient physical therapy service if it would not be included as an inpatient hospital service if furnished to a hospital or CAH inpatient.

(e) *Annual limitation on incurred expenses.* (1) Amount of limitation. (i) In 1999, 2000, and 2001, no more than \$1,500 of allowable charges incurred in a calendar year for outpatient physical therapy services are recognized incurred expenses.

(ii) In 2002 and thereafter, the limitation shall be determined by increasing the limitation in effect in the previous calendar year by the increase in the Medicare Economic Index for the current year.

(2) For purposes of applying the limitation, outpatient physical therapy includes:

(i) Except as provided in paragraph (e)(3) of this section, outpatient physical therapy services furnished under this section;

(ii) Except as provided in paragraph (e)(3) of this section outpatient speech-language pathology services furnished under § 410.62;

(iii) Outpatient physical therapy and speech-language pathology services furnished by a comprehensive outpatient rehabilitation facility;

(iv) Outpatient physical therapy and speech-language pathology services

furnished by a physician or incident to a physician's service;

(v) Outpatient physical therapy and speech-language pathology services furnished by a nurse practitioner, clinical nurse specialist, or physician assistant or incident to their services.

(3) For purposes of applying the limitation, outpatient physical therapy excludes services furnished by a hospital or CAH directly or under arrangements.

6. In § 410.61, the section heading and paragraphs (a) through (d) are revised to read as follows:

**§ 410.61 Plan of treatment requirements for outpatient rehabilitation services.**

(a) *Basic requirement.* Outpatient rehabilitation services (including services furnished by a qualified physical or occupational therapist in private practice), must be furnished under a written plan of treatment that meets the requirements of paragraphs (b) through (e) of this section.

(b) *Establishment of the plan.* The plan is established before treatment is begun by one of the following:

(1) A physician.

(2) A physical therapist who furnishes the physical therapy services.

(3) A speech-language pathologist who furnishes the speech-language pathology services.

(4) An occupational therapist who furnishes the occupational therapy services.

(5) A nurse practitioner, a clinical nurse specialist, or a physician assistant.

(c) *Content of the plan.* The plan prescribes the type, amount, frequency, and duration of the physical therapy, occupational therapy, or speech-language pathology services to be furnished to the individual, and indicates the diagnosis and anticipated goals.

(d) *Changes in the plan.* Any changes in the plan—

(1) Are made in writing and signed by one of the following:

(i) The physician.

(ii) The physical therapist who furnishes the physical therapy services.

(iii) The occupational therapist who furnishes the physical therapy services.

(iv) The speech-language pathologist who furnishes the speech-language pathology services.

(v) A registered professional nurse or a staff physician, in accordance with oral orders from the physician, physical therapist, occupational therapist, or speech-language pathologist who furnishes the services.

(vi) A nurse practitioner, a clinical nurse specialist, or a physician assistant.

(2) The changes are incorporated in the plan immediately.

\* \* \* \* \*

7. In § 410.62, the section heading and paragraph (a)(3) are revised and a new paragraph (d) is added to read as follows:

**§ 410.62 Outpatient speech-language pathology services: Conditions and exclusions.**

(a) \* \* \*

(3) They are furnished by a provider as defined in § 489.2 of this chapter or by others under arrangements with, or under the supervision of, a provider.

\* \* \* \* \*

(d) *Limitation.* After 1998, outpatient speech-language pathology services are subject to the limitation in § 410.60(e).

8. New §§ 410.74, 410.75, 410.76, 410.77, and 410.78 are added to subpart B to read as follows:

**Subpart B—Medical and Other Health Services**

**§ 410.74 Physician assistants' services.**

(a) *Basic rule.* Medicare Part B covers physician assistants' services only if the following conditions are met:

(1) The services would be covered as physicians' services if furnished by a physician (a doctor of medicine or osteopathy, as set forth in section 1861(r)(1) of the Act).

(2) The physician assistant—

(i) Meets the qualifications set forth in paragraph (c) of this section;

(ii) Is legally authorized to perform the services in the State in which they are performed;

(iii) Performs services that are not otherwise precluded from coverage because of a statutory exclusion;

(iv) Performs the services under the general supervision of a physician (The supervising physician need not be physically present when the physician assistant is performing the services unless required by State law; however, the supervising physician must be immediately available to the physician assistant for consultation.);

(v) Furnishes services that are billed by the employer of a physician assistant; and

(vi) Performs the services—

(A) In all settings in either rural and urban areas; or

(B) As an assistant at surgery.

(b) *Services and supplies furnished incident to a physician assistant's services.* Medicare covers services and supplies (including drugs and biologicals that cannot be self-administered) that are furnished incident to the physician assistant's services described in paragraph (a) of



this section. These services and supplies are covered only if they—

(1) Would be covered if furnished by a physician or as incident to the professional services of a physician;

(2) Are the type that are commonly furnished in a physician's office and are either furnished without charge or are included in the bill for the physician assistants' services;

(3) Are, although incidental, an integral part of the professional service performed by the physician;

(4) Are performed under the direct supervision of the physician assistant (that is, the physician assistant is physically present and immediately available); and

(5) Are performed by the employee of a physician assistant or an entity that employs both the physician assistant and the person providing the services.

(c) *Qualifications.* For Medicare Part B coverage of his or her services, a physician assistant must meet all of the following conditions:

(1) Have graduated from a physician assistant educational program that is accredited by the National Commission on Accreditation of Allied Health Education Programs;

(2) Have passed the national certification examination of the National Commission on Certification of Physician Assistants; and

(3) Be licensed by the State to practice as a physician assistant.

(d) *Professional services.* Physician assistants can be paid for professional services only if the services have been professionally performed by them and no facility or other provider charges for the service or is paid any amount for the furnishing of those professional services.

(1) Supervision of other nonphysician staff by a physician assistant does not constitute personal performance of a professional service by the physician assistant.

(2) The services are provided on an assignment-related basis, and the physician assistant may not charge a beneficiary for a service not payable under this provision. If a beneficiary has made payment for a service, the physician assistant must make the appropriate refund to the beneficiary.

#### **§ 410.75 Nurse practitioners' services.**

(a) *Definition.* As used in this section, the term "physician" means a doctor of medicine or osteopathy, as set forth in section 1861(r)(1) of the Act.

(b) *Qualifications.* For Medicare Part B coverage of his or her services, a nurse practitioner must—

(1) Possess a master's degree in nursing;

(2) Be a registered professional nurse who is authorized by the State in which the services are furnished, to practice as a nurse practitioner in accordance with State law; and,

(3) Be certified as a nurse practitioner by the American Nurses Credentialing Center or other recognized national certifying bodies that have established standards for nurse practitioners as defined in paragraphs (b)(1) and (2) of this section.

(c) *Services.* Medicare Part B covers nurse practitioners' services in all settings in both rural and urban areas, only if the services would be covered if furnished by a physician and the nurse practitioner—

(1) Is legally authorized to perform them in the State in which they are performed;

(2) Is not performing services that are otherwise excluded from coverage because of one of the statutory exclusions; and

(3) Performs them while working in collaboration with a physician.

(i) Collaboration is a process in which a nurse practitioner works with one or more physicians to deliver health care services within the scope of the practitioner's expertise, with medical direction and appropriate supervision as provided for in jointly developed guidelines or other mechanisms as provided by the law of the State in which the services are performed.

(ii) In the absence of State law governing collaboration, collaboration is a process in which a nurse practitioner has a relationship with one or more physicians to deliver health care services. Such collaboration is to be evidenced by nurse practitioners documenting the nurse practitioners' scope of practice and indicating the relationships that they have with physicians to deal with issues outside their scope of practice. Nurse practitioners must document this collaborative process with physicians.

(iii) The collaborating physician does not need to be present with the nurse practitioner when the services are furnished or to make an independent evaluation of each patient who is seen by the nurse practitioner.

(d) *Services and supplies incident to a nurse practitioners' services.* Medicare Part B covers services and supplies (including drugs and biologicals that cannot be self-administered) incident to a nurse practitioner's services that meet the requirements in paragraph (c) of this section. These services and supplies are covered only if they—

(1) Would be covered if furnished by a physician or as incident to the professional services of a physician;

(2) Are of the type that are commonly furnished in a physician's office and are either furnished without charge or are included in the bill for the nurse practitioner's services;

(3) Although incidental, are an integral part of the professional service performed by the nurse practitioner; and

(4) Are performed under the direct supervision of the nurse practitioner (that is, the nurse practitioner must be physically present and immediately available).

(e) *Professional services.* Nurse practitioners can be paid for professional services only when the services have been personally performed by them and no facility or other provider charges, or is paid, any amount for the furnishing of the professional services.

(1) Supervision of other nonphysician staff by a nurse practitioner does not constitute personal performance of a professional service by a nurse practitioner.

(2) The services are provided on an assignment-related basis, and a nurse practitioner may not charge a beneficiary for a service not payable under this provision. If a beneficiary has made payment for a service, the nurse practitioner must make the appropriate refund to the beneficiary.

#### **§ 410.76 Clinical nurse specialists' services.**

(a) *Definition.* As used in this section, the term "physician" means a doctor of medicine or osteopathy, as set forth in section 1861(r)(1) of the Act.

(b) *Qualifications.* For Medicare Part B coverage of his or her services, a clinical nurse specialist must—

(1) Be a registered nurse who is currently licensed to practice in the State where he or she practices and be authorized to perform the services of a clinical nurse specialist in accordance with State law;

(2) Have a master's degree in a defined clinical area of nursing from an accredited educational institution; and

(3) Be certified as a clinical nurse specialist by the American Nurses Credentialing Center.

(c) *Services.* Medicare Part B covers clinical nurse specialists' services in all settings in both rural and urban areas only if the services would be covered if furnished by a physician and the clinical nurse specialist—

(1) Is legally authorized to perform them in the State in which they are performed;

(2) Is not performing services that are otherwise excluded from coverage by one of the statutory exclusions; and

(3) Performs them while working in collaboration with a physician.



(i) Collaboration is a process in which a clinical nurse specialist works with one or more physicians to deliver health care services within the scope of the practitioner's expertise, with medical direction and appropriate supervision as provided for in jointly developed guidelines or other mechanisms as provided by the law of the State in which the services are performed.

(ii) In the absence of State law governing collaboration, collaboration is a process in which a clinical nurse specialist has a relationship with one or more physicians to deliver health care services. Such collaboration is to be evidenced by clinical nurse specialists documenting the clinical nurse specialists' scope of practice and indicating the relationships that they have with physicians to deal with issues outside their scope of practice. Clinical nurse specialists must document this collaborative process with physicians.

(iii) The collaborating physician does not need to be present with the clinical nurse specialist when the services are furnished, or to make an independent evaluation of each patient who is seen by the clinical nurse specialist.

(d) *Services and supplies furnished incident to clinical nurse specialists' services.* Medicare Part B covers services and supplies (including drugs and biologicals that cannot be self-administered) incident to a clinical nurse specialist's services that meet the requirements in paragraph (c) of this section. These services and supplies are covered only if they—

(1) Would be covered if furnished by a physician or as incident to the professional services of a physician;

(2) Are of the type that are commonly furnished in a physician's office and are either furnished without charge or are included in the bill for the clinical nurse specialist's services;

(3) Although incidental, are an integral part of the professional service performed by the clinical nurse specialist; and

(4) Are performed under the direct supervision of the clinical nurse specialist (that is, the clinical nurse specialist must be physically present and immediately available).

(e) *Professional services.* Clinical nurse specialists can be paid for professional services only when the services have been personally performed by them and no facility or other provider charges, or is paid, any amount for the furnishing of the professional services.

(1) Supervision of other nonphysician staff by clinical nurse specialists does not constitute personal performance of a

professional service by clinical nurse specialists.

(2) The services are provided on an assignment-related basis, and a clinical nurse specialist may not charge a beneficiary for a service not payable under this provision. If a beneficiary has made payment for a service, the clinical nurse specialist must make the appropriate refund to the beneficiary.

**§ 410.77 Certified nurse-midwives' services: Qualifications and conditions.**

(a) *Qualifications.* For Medicare coverage of his or her services, a certified nurse-midwife must:

(1) Be a registered nurse who is legally authorized to practice as a nurse-midwife in the State where services are performed;

(2) Have successfully completed a program of study and clinical experience for nurse-midwives that is accredited by an accrediting body approved by the U.S. Department of Education; and

(3) Be certified as a nurse-midwife by the American College of Nurse-Midwives or the American College of Nurse-Midwives Certification Council.

(b) *Services.* A certified nurse-midwife's services are services furnished by a certified nurse-midwife and services and supplies furnished as an incident to the certified nurse-midwife's services that—

(1) Are within the scope of practice authorized by the law of the State in which they are furnished and would otherwise be covered if furnished by a physician or as an incident to a physician's service; and

(2) Unless required by State law, are provided without regard to whether the certified nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.

(c) *Incident to services: Basic rule.* Medicare covers services and supplies furnished incident to the services of a certified nurse-midwife, including drugs and biologicals that cannot be self-administered, if the services and supplies meet the following conditions:

(1) They would be covered if furnished by a physician or as incident to the professional services of a physician.

(2) They are of the type that are commonly furnished in a physician's office and are either furnished without charge or are included in the bill for the certified nurse-midwife's services.

(3) Although incidental, they are an integral part of the professional service performed by the certified nurse-midwife.

(4) They are furnished under the direct supervision of a certified nurse-

midwife (that is, the midwife is physically present and immediately available).

(d) *Professional services.* A nurse-midwife can be paid for professional services only when the services have been performed personally by the nurse-midwife.

(1) Supervision of other nonphysician staff by a nurse-midwife does not constitute personal performance of a professional service by the nurse-midwife.

(2) The service is provided on an assignment-related basis, and a nurse-midwife may not charge a beneficiary for a service not payable under this provision. If the beneficiary has made payment for a service, the nurse-midwife must make the appropriate refund to the beneficiary.

(3) A nurse-midwife may provide services that he or she is legally authorized to perform under State law as a nurse-midwife, if the services would otherwise be covered by the Medicare program when furnished by a physician or incident to a physicians' professional services.

**§ 410.78 Consultations via telecommunications systems.**

(a) *General rule.* Medicare Part B pays for professional consultations furnished by means of interactive telecommunications systems if the following conditions are met:

(1) The consulting practitioner is any of the following:

(i) A physician as described in § 410.20.

(ii) A physician assistant as defined in § 410.74.

(iii) A nurse practitioner as defined in § 410.75.

(iv) A clinical nurse specialist as described in § 410.76.

(v) A nurse-midwife as defined in § 410.77.

(2) The referring practitioner is any of the following:

(i) A physician as described in § 410.20.

(ii) A physician assistant as defined in § 410.74.

(iii) A nurse practitioner as defined in § 410.75.

(iv) A clinical nurse specialist as described in § 410.76.

(v) A nurse-midwife as defined in § 410.77.

(vi) A clinical psychologist as described at § 410.71.

(vii) A clinical social worker as defined in § 410.73.

(3) The services are furnished to a beneficiary residing in a rural area as defined in section 1886(d)(2)(D) of the Act, and the area is designated as a



health professional shortage area (HPSA) under section 332(a)(1)(A) of the Public Health Service Act (42 U.S.C. 254e(a)(1)(A)). For purposes of this requirement, the beneficiary is deemed to be residing in such an area if the teleconsultation presentation takes place in such an area.

(4) The medical examination of the beneficiary is under the control of the consulting practitioner.

(5) As a condition of payment, the teleconsultation involves the participation of the referring practitioner, or a practitioner described in section 1842(b)(18)(C) of the Act (other than a certified registered nurse anesthetist or anesthesiologist assistant) who is an employee of the referring practitioner, as appropriate to the medical needs of the patient and as needed to provide information to and at the direction of the consultant.

(6) The consultation results in a written report that is furnished to the referring practitioner.

(b) *Definition.* For purposes of this section, *interactive telecommunications systems* means multimedia

communications equipment that includes, at a minimum, audio and video equipment permitting real-time consultation among the patient, consultant, and referring practitioner, or a practitioner described in section 1842(b)(18)(C) of the Act (other than a certified registered nurse anesthetist or anesthesiologist assistant) who is an employee of the referring practitioner, as appropriate to the medical needs of the patient and as needed to provide information to and at the direction of the consulting practitioner. Telephones, facsimile machines, and electronic mail systems do not meet the definition of interactive telecommunications systems.

9. In § 410.150, the introductory text to paragraph (b) is republished, and new paragraphs (b)(15) and (b)(16) are added to read as follows:

**§ 410.150 To whom payment is made.**

\* \* \* \* \*

(b) *Specific rules.* Subject to the conditions set forth in paragraph (a) of this section, Medicare Part B pays as follows:

\* \* \* \* \*

(15) To the qualified employer of a physician assistant for professional services furnished by the physician assistant and for services and supplies furnished incident to his or her services. Payment is made to the employer of a physician assistant regardless of whether the physician assistant furnishes services under a W-2, employer-employee employment relationship, or whether the physician

assistant is an independent contractor who receives a 1099 reflecting the relationship. Both types of relationships must conform to the appropriate guidelines provided by the Internal Revenue Service. A qualified employer is not a group of physician assistants that incorporate to bill for their services. Payment is made only if no facility or other provider charges or is paid any amount for services furnished by a physician assistant.

(16) To a nurse practitioner or clinical nurse specialist for professional services furnished by a nurse practitioner or clinical nurse specialist in all settings in both rural and nonrural areas and for services and supplies furnished incident to those services. Payment is made only if no facility or other provider charges, or is paid, any amount for the furnishing of the professional services of the nurse practitioner or clinical nurse specialist.

\* \* \* \* \*

10. In § 410.152, the headings to paragraphs (a) and (a)(1) are republished, and paragraph (a)(1)(v) is revised to read as follows:

**§ 410.152 Amount of payment.**

(a) *General provisions*—(1) *Exclusion from incurred expenses.* \* \* \*

(v) In the case of expenses incurred for outpatient physical therapy services including speech-language pathology services, the expenses excluded are from the incurred expenses under § 410.60(e). In the case of expenses incurred for outpatient occupational therapy including speech-language pathology services, the expenses excluded are from the incurred expenses under § 410.59(e).

\* \* \* \* \*

**PART 413—PRINCIPLES OF REASONABLE COST REIMBURSEMENT; PAYMENT FOR END-STAGE RENAL DISEASE SERVICES; OPTIONAL PROSPECTIVELY DETERMINED PAYMENT RATES FOR SKILLED NURSING FACILITIES**

C. Part 413 is amended as set forth below.

1. The authority citation for part 413 continues to read as follows:

**Authority:** Secs. 1102, 1861(v)(1)(A), and 1871 of the Social Security Act (42 U.S.C. 1302, 1395x(v)(1)(A), and 1395hh).

2. Section 413.125 is amended by designating the existing text as paragraph (a) and adding paragraph (b) to read as follows:

**§ 413.125 Payment for home health agency services.**

\* \* \* \* \*

(b) The reasonable cost of outpatient rehabilitation services furnished by a home health agency to homebound patients who are not entitled to home health benefits may not exceed the amounts payable under the physician fee schedule for comparable services effective January 1, 1999.

**PART 414—PAYMENT FOR PART B MEDICAL AND OTHER HEALTH SERVICES**

D. Part 414 is amended as set forth below:

1. The authority citation for part 414 continues to read as follows:

**Authority:** Secs. 1102, 1871, and 1881(b)(1) of the Social Security Act (42 U.S.C. 1302, 1395hh, and 1395rr(b)(1)).

2. In § 414.1, the introductory text is republished, and the following statutory authorities are added in numerical order to read as follows:

**§ 414.1 Basis and scope.**

This part implements the indicated provisions of the following sections of the Act:

1802—Rules for private contracts by Medicare beneficiaries.

1820—Rules for Medicare reimbursement for telehealth services.

\* \* \* \* \*

3. Sections 414.20 through 414.62 are redesignated as Subpart B, and a new heading is added to read "Subpart B—Physicians and Other Practitioners".

4. In § 414.22, the introductory text to the section is revised and the heading to paragraph (b) is republished, and new paragraph (b)(5) is added to read as follows:

**§ 414.22 Relative value units (RVUs).**

HCFA establishes RVUs for physicians' work, practice expense, and malpractice insurance.

\* \* \* \* \*

(b) *Practice expense RVUs.* \* \* \*

(5) For services furnished beginning January 1, 1999, the practice expense RVUs are based on 75 percent of the practice expense RVUs applicable to services furnished in 1998 and 25 percent of the relative practice expense resources involved in furnishing the service. For services furnished in 2000, the practice expense RVUs are based on 50 percent of the practice expense RVUs applicable to services furnished in 1998 and 50 percent of the relative practice expense resources involved in furnishing the service. For services furnished in 2001, the practice expense RVUs are based on 25 percent of the practice expense RVUs applicable to services furnished in 1998 and 75 percent of the relative practice expense



resources involved in furnishing the service. For services furnished in 2002 and subsequent years, the practice expense RVUs are based entirely on relative practice expense resources.

(i) Usually one of two levels of practice expense RVUs per code can be applied to each service. The lower practice expense RVUs apply to services furnished to hospital, skilled nursing facility, or ambulatory surgical center patients. The higher practice expense RVUs apply to services performed in a physician's office; services, other than evaluation and management services, furnished to patients in a nursing facility, in a facility or institution other than a hospital, skilled nursing facility, or ambulatory surgical center, or in the home; and other services furnished to facility patients for which the facility payment does not include physicians' practice costs.

(ii) Only one practice expense RVU per code can be applied for each of the following services: services that have only technical component practice expense RVUs or only professional component practice expense RVUs; evaluation and management services, such as hospital or nursing facility visits, that are furnished exclusively in one setting; and major surgical services.

\* \* \* \* \*

5. In § 414.32, the heading and paragraph (b) are revised to read as follows:

**§ 414.32 Determining payments for certain physicians' services furnished in facility settings.**

\* \* \* \* \*

(b) *General rule.* If physicians' services of the type routinely furnished in physicians' offices are furnished in facility settings before January 1, 1999, the physician fee schedule amount for those services is determined by reducing the practice expense RVUs for the services by 50 percent. For services furnished on or after January 1, 1999, the practice expense RVUs are determined in accordance with § 414.22(b)(5).

\* \* \* \* \*

6. In § 414.34, the section heading is revised, and a new paragraph (a)(2)(iii) is added to read as follows:

**§ 414.34 Payment for services and supplies incident to a physician's service.**

(a) *Medical supplies.* \* \* \*

(2) \* \* \*

(iii) It is furnished before January 1, 1999.

\* \* \* \* \*

7. In § 414.52, the section heading and introductory text are revised, and a new

paragraph (d) is added to read as follows:

**§ 414.52 Payment for physician assistants' services.**

Allowed amounts for the services of a physician assistant furnished beginning January 1, 1992 and ending December 31, 1997, may not exceed the limits specified in paragraphs (a) through (c) of this section. Allowed amounts for the services of a physician assistant furnished beginning January 1, 1998, may not exceed the limits specified in paragraph (d) of this section.

\* \* \* \* \*

(d) For services (other than assistant-at-surgery services) furnished beginning January 1, 1998, 85 percent of the physician fee schedule amount for the service. For assistant-at-surgery services, 85 percent of the physician fee schedule amount that would be allowed under the physician fee schedule if the assistant-at-surgery service were furnished by a physician.

8. Section 414.56 is revised to read as follows:

**§ 414.56 Payment for nurse practitioners' and clinical nurse specialists' services.**

(a) *Rural areas.* For services furnished beginning January 1, 1992 and ending December 31, 1997, allowed amounts for the services of a nurse practitioner or a clinical nurse specialist in a rural area (as described in section 1861(s)(2)(K)(iii) of the Act) may not exceed the following limits:

(1) For services furnished in a hospital (including assistant-at-surgery services), 75 percent of the physician fee schedule amount for the service.

(2) For all other services, 85 percent of the physician fee schedule amount for the service.

(b) *Non-rural areas.* For services furnished beginning January 1, 1992 and ending December 31, 1997, allowed amounts for the services of a nurse practitioner or a clinical nurse specialist in a nursing facility may not exceed 85 percent of the physician fee schedule amount for the service.

(c) *Beginning January 1, 1998.* For services (other than assistant-at-surgery services) furnished beginning January 1, 1998, allowed amounts for the services of a nurse practitioner or clinical nurse specialist may not exceed 85 percent of the physician fee schedule amount for the service. For assistant-at-surgery services, allowed amounts for the services of a nurse practitioner or clinical nurse specialist may not exceed 85 percent of the physician fee schedule amount that would be allowed under the physician fee schedule if the

assistant-at-surgery service were furnished by a physician.

9. Section 414.65 is added to subpart B, to read as follows:

**§ 414.65 Payment for consultations via interactive telecommunications systems.**

(a) *Limitations on payment.* Medicare payment for a professional consultation conducted via interactive telecommunications systems is subject to the following limitations:

(1) The payment may not exceed the current fee schedule amount applicable to the consulting practitioner for the health care service provided.

(2) The payment may not include reimbursement for any telephone line charges or any facility fees.

(3) The payment is subject to the coinsurance and deductible requirements of sections 1833(a)(1) and (b) of the Act.

(4) The payment differential of section 1848(a)(3) of the Act applies to services furnished by nonparticipating physicians.

(b) *Prohibited billing.* The beneficiary may not be billed for any telephone line charges or any facility fees.

(c) *Assignment required for nonphysician practitioners.* Payment to nonphysician practitioners is made only on an assignment-related basis.

(d) *Who may bill for the consultation.* Only the consultant practitioner may bill for the consultation.

(e) *Sharing of payment.* The consultant practitioner must provide to the referring practitioner 25 percent of any payments he or she receives for the consultation, including any applicable deductible or coinsurance amounts.

(f) *Sanctions.* A practitioner may be subject to the applicable sanctions provided for in chapter V, parts 1001, 1002, and 1003 of this title if he or she—

(1) Knowingly and willfully bills or collects for services in violation of the limitations of this section on a repeated basis; or

(2) Fails to timely correct excess charges by reducing the actual charge billed for the service to an amount that does not exceed the limiting charge for the service or fails to timely refund excess collections.

**PART 415—SERVICES FURNISHED BY PHYSICIANS IN PROVIDERS, SUPERVISING PHYSICIANS IN TEACHING SETTINGS, AND RESIDENTS IN CERTAIN SETTINGS**

E. Part 415 is amended as set forth below:

1. The authority citation for part 415 continues to read as follows:



**Authority:** Secs. 1102 and 1871 of the Social Security Act (41 U.S.C. 1302 and 1395hh).

2. Section 415.110 is revised to read as follows:

**§ 415.110 Conditions for payment: Medically directed anesthesia services.**

(a) *General payment rule.* Medicare pays for the physician's medical direction of anesthesia services for one service or two through four concurrent anesthesia services furnished after December 31, 1998, only if each of the services meets the condition in § 415.102(a) and the following additional conditions:

- (1) For each patient, the physician—
  - (i) Performs a pre-anesthetic examination and evaluation;
  - (ii) Prescribes the anesthesia plan;
  - (iii) Personally participates in the most demanding aspects of the anesthesia plan including, if applicable, induction and emergence;
  - (iv) Ensures that any procedures in the anesthesia plan that he or she does not perform are performed by a qualified individual as defined in operating instructions;
  - (v) Monitors the course of anesthesia administration at frequent intervals;
  - (vi) Remains physically present and available for immediate diagnosis and treatment of emergencies; and
  - (vii) Provides indicated post-anesthesia care.

(2) The physician directs no more than four anesthesia services concurrently and does not perform any other services while he or she is directing the single or concurrent services so that one or more of the conditions in paragraph (a)(1) of this section are not violated.

(3) If the physician personally performs the anesthesia service, the payment rules in § 414.46(c) of this chapter apply (Physician personally performs the anesthesia procedure).

(b) *Medical documentation.* The physician alone inclusively documents in the patient's medical record that the conditions set forth in paragraph (a)(1) of this section have been satisfied, specifically documenting that he or she performed the pre-anesthetic exam and evaluation, provided the indicated post-anesthesia care, and was present during the most demanding procedures, including induction and emergence where applicable.

**PART 424—CONDITIONS FOR MEDICARE PAYMENT**

F. Part 424 is amended as set forth below:

1. The authority citation for part 424 continues to read as follows:

**Authority:** Secs. 1102 and 1871 of the Social Security Act (41 U.S.C. 1302 and 1395hh).

2. In § 424.24, paragraphs (c) introductory text, (c)(1)(ii), (c)(1)(iii), (c)(3)(i), (c)(3)(ii), (c)(4), (f)(2), and (f)(3) are revised to read as follows:

**§ 424.24 Requirements for medical and other health services furnished by providers under Medicare Part B.**

\* \* \* \* \*

(c) *Outpatient physical therapy and speech-language pathology services—*(1) *Content of certification.* \* \* \*

(ii) The services were furnished while the individual was under the care of a physician, nurse practitioner, clinical nurse specialist, or physician assistant.

(iii) The services were furnished under a plan of treatment that meets the requirements of § 410.61 of this chapter.

\* \* \* \* \*

(3) *Signature.* \* \* \*

(i) If the plan of treatment is established by a physician, nurse practitioner, clinical nurse specialist, or physician assistant, the certification must be signed by that physician or nonphysician practitioner.

(ii) If the plan of treatment is established by a physical therapist or speech-language pathologist, the certification must be signed by a physician or by a nurse practitioner, clinical nurse specialist, or physician assistant who has knowledge of the case.

(4) *Recertification—*(i) *Timing.* Recertification statements are required at least every 30 days and must be signed by the physician, nurse practitioner, clinical nurse specialist, or physician assistant who reviews the plan of treatment.

(ii) *Content.* The recertification statement must indicate the continuing need for physical therapy or speech-language pathology services and an estimate of how much longer the services will be needed.

(iii) *Signature.* Recertifications must be signed by the physician, nurse practitioner, clinical nurse specialist, or physician assistant who reviews the plan of treatment.

\* \* \* \* \*

(f) \* \* \*

(2) *Signature.* The certificate must be signed by a physician, nurse practitioner, clinical nurse specialist, or physician assistant who has knowledge of the case.

(3) *Timing.* The physician, nurse practitioner, clinical nurse specialist, or physician assistant may provide certification at the time the services are furnished or, if services are provided on a continuing basis, either at the

beginning or at the end of a series of visits.

\* \* \* \* \*

**PART 485—CONDITIONS OF PARTICIPATION: SPECIALIZED PROVIDERS**

G. Part 485 is amended as set forth below:

1. The authority citation for part 485 continues to read as follows:

**Authority:** Secs. 1102 and 1871 of the Social Security Act (41 U.S.C. 1302 and 1395hh).

2. Section 485.705 is revised to read as follows:

**§ 485.705 Personnel qualifications.**

(a) *General qualification requirements.* Except as specified in paragraphs (b) and (c) of this section, all personnel who are involved in the furnishing of outpatient physical therapy, occupational therapy, and speech-language pathology services directly by or under arrangements with an organization must be legally authorized (licensed or, if applicable, certified or registered) to practice by the State in which they perform the functions or actions, and must act only within the scope of their State license or State certification or registration.

(b) *Exception for Federally defined qualifications.* The following Federally defined qualifications must be met:

(1) For a physician, the qualifications and conditions as defined in section 1861(r) of the Act and the requirements in part 484 of this chapter.

(2) *For a speech-language pathologist,* the qualifications specified in section 1861(11)(1) of the Act and the requirements in part 484 of this chapter.

(c) *Exceptions when no State Licensing laws or State certification or registration requirements exist.* If no State licensing laws or State certification or registration requirements exist for the profession, the following requirements must be met—

(1) An *administrator* is a person who has a bachelor's degree and:

(i) Has experience or specialized training in the administration of health institutions or agencies; or

(ii) Is qualified and has experience in one of the professional health disciplines.

(2) An *occupational therapist* must meet the requirements in part 484 of this chapter.

(3) An *occupational therapy assistant* must meet the requirements in part 484 of this chapter.

(4) A *physical therapist* must meet the requirements in part 484 of this chapter.



(5) A *physical therapist assistant* must meet the requirements in part 484 of this chapter.

(6) A *social worker* must meet the requirements in part 484 of this chapter.

(7) A *vocational specialist* is a person who has a baccalaureate degree and—

(i) Two years experience in vocational counseling in a rehabilitation setting such as a sheltered workshop, State employment service agency, etc.; or

(ii) At least 18 semester hours in vocational rehabilitation, educational or vocational guidance, psychology, social work, special education or personnel administration, and 1 year of experience in vocational counseling in a rehabilitation setting; or

(iii) A master's degree in vocational counseling.

(8) A *nurse practitioner* is a person who must:

(i) Possess a master's degree in nursing;

(ii) Be a registered professional nurse who is authorized by the State in which the services are furnished, to practice as a nurse practitioner in accordance with State law; and,

(iii) Be certified as a nurse practitioner by the American Nurses Credentialing Center.

(9) A *clinical nurse specialist* is a person who must:

(i) Be a registered nurse who is currently licensed to practice in the State where he or she practices and be authorized to perform the services of a clinical nurse specialist in accordance with State law;

(ii) Have a master's degree in a defined clinical area of nursing from an accredited educational institution; and,

(iii) Be certified as a clinical nurse specialist by the American Nurses Credentialing Center.

(10) A *physician assistant* is a person who:

(i) Has graduated from a physician assistant educational program that is accredited by the National Commission on Accreditation of Allied Health Education Programs; and

(ii) Has passed the national certification examination that is certified by the National Commission on Certification of Physician Assistants; and

(iii) Is licensed by the State as a physician assistant to practice as a physician assistant.

3. In § 485.711, paragraph (b)(3) is revised to read as follows:

**§ 485.711 Conditions of participation: Plan of care and physician involvement.**

\* \* \* \* \*

(b) \* \* \*

(3) The plan of care and results of treatment are reviewed by the physician

or by the individual who established the plan at least as often as the patient's condition requires, and the indicated action is taken. (For Medicare patients, the plan must be reviewed by a physician, nurse practitioner, clinical nurse specialist, or physician assistant at least every 30 days, in accordance with § 410.61(e) of this chapter.)

\* \* \* \* \*

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: October 20, 1998.

**Nancy-Ann Min DeParle,**

*Administrator, Health Care Financing Administration.*

Dated: October 26, 1998.

**Donna E. Shalala,**

*Secretary.*

**Note:** These addenda will not appear in the Code of Federal Regulations.

**Addendum A—Explanation and Use of Addenda B Through C**

The addenda on the following pages provide various data pertaining to the Medicare fee schedule for physicians' services furnished in 1999. Addendum B contains the RVUs for work, non-facility practice expense, facility practice expense, and malpractice expense, and other information for all services included in the physician fee schedule. Addendum C provides interim RVUs and related information for codes that are subject to comment. Each code listed in Addendum C is also included in Addendum B. Further explanations of the information in these addenda are provided at the beginning of each addendum.

**Addendum B—1999 Relative Value Units and Related Information Used in Determining Medicare Payments for 1999**

This addendum contains the following information for each CPT code and alphanumeric HCPCS code, except for alphanumeric codes beginning with B (enteral and parenteral therapy), E (durable medical equipment), K (temporary codes for nonphysicians' services or items), or L (orthotics), and codes for anesthesiology.

1. *CPT/HCPCS code.* This is the CPT or alphanumeric HCPCS number for the service. Alphanumeric HCPCS codes are included at the end of this addendum.

2. *Modifier.* A modifier is shown if there is a technical component (modifier TC) and a professional component (PC) (modifier -26) for the service. If there is a PC and a TC for the service, Addendum B contains three entries for the code: One for the global values (both

professional and technical); one for modifier -26 (PC); and one for modifier TC. The global service is not designated by a modifier, and physicians must bill using the code without a modifier if the physician furnishes both the PC and the TC of the service.

Modifier -53 is shown for a discontinued procedure. There will be RVUs for the code (CPT code 45378) with this modifier.

3. *Status indicator.* This indicator shows whether the CPT/HCPCS code is in the physician fee schedule and whether it is separately payable if the service is covered.

A=Active code. These codes are separately payable under the fee schedule if covered. There will be RVUs for codes with this status. The presence of an "A" indicator does not mean that Medicare has made a national decision regarding the coverage of the service. Carriers remain responsible for coverage decisions in the absence of a national Medicare policy.

B=Bundled code. Payment for covered services is always bundled into payment for other services not specified. If RVUs are shown, they are not used for Medicare payment. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident. (An example is a telephone call from a hospital nurse regarding care of a patient.)

C=Carrier-priced code. Carriers will establish RVUs and payment amounts for these services, generally on a case-by-case basis following review of documentation, such as an operative report.

D=Deleted code. These codes are deleted effective with the beginning of the calendar year.

E=Excluded from physician fee schedule by regulation. These codes are for items or services that we chose to exclude from the physician fee schedule payment by regulation. No RVUs are shown, and no payment may be made under the physician fee schedule for these codes. Payment for them, if they are covered, continues under reasonable charge or other payment procedures.

G=Code not valid for Medicare purposes. Medicare does not recognize codes assigned this status. Medicare uses another code for reporting of, and payment for, these services.

N=Noncovered service. These codes are noncovered services. Medicare payment may not be made for these codes. If RVUs are shown, they are not used for Medicare payment.

P=Bundled or excluded code. There are no RVUs for these services. No separate payment should be made for them under the physician fee schedule.



—If the item or service is covered as incident to a physician's service and is furnished on the same day as a physician's service, payment for it is bundled into the payment for the physician's service to which it is incident (an example is an elastic bandage furnished by a physician incident to a physician's service).

—If the item or service is covered as other than incident to a physician's service, it is excluded from the physician fee schedule (for example, colostomy supplies) and is paid under the other payment provisions of the Act.

R=Restricted coverage. Special coverage instructions apply. If the service is covered and no RVUs are shown, it is carrier-priced.

T=Injections. There are RVUs for these services, but they are only paid if there are no other services payable under the physician fee schedule billed on the same date by the same provider. If any other services payable under the physician fee schedule are billed on the same date by the same provider, these services are bundled into the service(s) for which payment is made.

X=Exclusion by law. These codes represent an item or service that is not within the definition of "physicians' services" for physician fee schedule payment purposes. No RVUs are shown

for these codes, and no payment may be made under the physician fee schedule. (Examples are ambulance services and clinical diagnostic laboratory services.)

4. *Description of code.* This is an abbreviated version of the narrative description of the code.

5. *Physician work RVUs.* These are the RVUs for the physician work for this service in 1999. Codes that are not used for Medicare payment are identified with a "+."

6. *Non-facility practice expense RVUs.* These are the fully implemented resource-based practice expense RVUs for non-facility settings.

7. *Transition non-facility practice expense RVUs.* Blended 1999 non-facility practice expense RVUs.

8. *Facility practice expense RVUs.* These are the fully implemented resource-based practice expense RVUs for facility settings.

9. *Transition facility practice expense RVUs.* Blended 1999 facility practice expense RVUs.

10. *Malpractice expense RVUs.* These are the RVUs for the malpractice expense for the service for 1999.

11. *Non-facility total.* This is the sum of the work, fully implemented non-facility practice expense, and malpractice expense RVUs for 1999.

12. *Transition non-facility total.* This is the sum of the work, transition non-

facility practice expense, and malpractice expense RVUs for 1999.

13. *Facility total.* This is the sum of the work, fully implemented facility practice expense, and malpractice expense RVUs for 1999.

14. *Transition facility total.* This is the sum of the work, transition facility practice expense, and malpractice expense RVUs for 1999.

15. *Global period.* This indicator shows the number of days in the global period for the code (0, 10, or 90 days). An explanation of the alpha codes follows:

MMM = The code describes a service furnished in uncomplicated maternity cases including antepartum care, delivery, and postpartum care. The usual global surgical concept does not apply. See the 1998 Physicians' Current Procedural Terminology for specific definitions.

XXX = The global concept does not apply.

YYY = The global period is to be set by the carrier (for example, unlisted surgery codes).

ZZZ = The code is part of another service and falls within the global period for the other service.

BILLING CODE 4120-01-P



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
10040	A		Acne surgery of skin abscess	1.18	1.28	0.58	0.54	0.27	0.02	2.48	1.78	1.74	1.47	0.10							
10060	A		Drainage of skin abscess	1.17	1.16	0.65	0.58	0.33	0.03	2.36	1.85	1.78	1.53	0.10							
10061	A		Drainage of skin abscess	2.40	1.79	0.97	1.07	0.53	0.05	4.24	3.42	3.52	2.98	0.10							
10080	A		Drainage of pilonidal cyst	1.17	1.73	0.84	0.60	0.35	0.04	2.94	2.05	1.81	1.56	0.10							
10081	A		Drainage of pilonidal cyst	2.45	2.32	1.48	1.27	0.77	0.13	4.90	4.06	3.85	3.35	0.10							
10120	A		Remove foreign body	1.22	1.56	0.77	0.60	0.34	0.04	2.82	2.03	1.86	1.60	0.10							
10121	A		Remove foreign body	2.69	2.44	1.43	1.46	0.78	0.09	5.22	4.21	4.24	3.56	0.10							
10140	A		Drainage of hematoma/fluid	1.53	1.22	0.70	0.77	0.39	0.04	2.79	2.27	2.34	1.96	0.10							
10160	A		Puncture drainage of lesion	1.20	1.33	0.64	0.65	0.32	0.04	2.57	1.88	1.89	1.56	0.10							
10180	A		Complex drainage, wound	2.25	1.19	1.15	1.14	1.14	0.14	3.58	3.54	3.53	3.53	0.10							
111000	A		Debride infected skin	0.60	0.49	0.45	0.24	0.23	0.03	1.12	1.08	0.87	0.86	0.00							
111001	A		Debride infect skin add-on	0.30	0.26	0.28	0.12	0.14	0.02	0.58	0.60	0.44	0.46	ZZZ							
111010	A		Debride skin, fx	4.20	2.07	3.74	1.87	3.69	0.51	6.78	8.45	6.58	8.40	0.10							
111011	A		Debride skin/muscle, fx	4.95	3.26	4.66	2.49	4.46	0.60	8.81	10.21	8.04	10.01	0.00							
111012	A		Debride skin/muscle/bone, fx	6.88	4.66	6.51	3.92	6.32	0.84	12.38	14.23	11.64	14.04	0.00							
111040	A		Debride skin partial	0.50	0.43	0.43	0.20	0.22	0.03	0.96	0.96	0.73	0.75	0.00							
111041	A		Debride skin full	0.82	0.59	0.61	0.32	0.31	0.05	1.46	1.48	1.19	1.18	0.00							
111042	A		Debride skin/tissue	1.12	0.80	0.73	0.45	0.38	0.06	1.98	1.91	1.63	1.56	0.00							
111043	A		Debride tissue/muscle	2.38	2.02	1.98	1.27	1.79	0.27	4.67	4.63	3.92	4.44	0.10							
111044	A		Debride tissue/muscle/bone	3.06	2.68	2.97	1.70	2.72	0.38	6.12	6.41	5.14	6.16	0.10							
111055	R		Trim skin lesion	0.27	0.32	0.29	0.11	0.13	0.02	0.61	0.58	0.40	0.42	0.00							
111056	R		Trim 2 to 4 skin lesions	0.39	0.36	0.38	0.15	0.18	0.02	0.77	0.79	0.56	0.59	0.00							
111057	R		Trim over 4 skin lesions	0.50	0.41	0.33	0.20	0.16	0.02	0.93	0.85	0.72	0.68	0.00							
111100	A		Biopsy of skin lesion	0.81	1.24	0.72	0.37	0.30	0.03	2.08	1.56	1.21	1.14	0.00							
111101	A		Biopsy, skin add-on	0.41	0.55	0.37	0.20	0.17	0.02	0.98	0.80	0.63	0.60	ZZZ							
111200	A		Removal of skin tags	0.77	0.92	0.58	0.31	0.26	0.03	1.72	1.38	1.11	1.06	0.10							
111201	A		Remove skin tags add-on	0.29	0.34	0.22	0.12	0.10	0.02	0.65	0.53	0.43	0.41	ZZZ							
111300	A		Shave skin lesion	0.51	0.85	0.65	0.22	0.27	0.04	1.40	1.20	0.77	0.82	0.00							
111301	A		Shave skin lesion	0.85	0.94	0.78	0.39	0.38	0.05	1.84	1.68	1.29	1.28	0.00							
111302	A		Shave skin lesion	1.05	1.03	0.99	0.49	0.49	0.07	2.15	2.11	1.61	1.61	0.00							
111303	A		Shave skin lesion	1.24	1.15	1.40	0.55	0.69	0.13	2.52	2.77	1.92	2.06	0.00							
111305	A		Shave skin lesion	0.67	0.74	0.61	0.29	0.28	0.04	1.45	1.32	1.00	0.99	0.00							
111306	A		Shave skin lesion	0.99	0.95	0.82	0.43	0.40	0.05	1.99	1.86	1.47	1.44	0.00							
111307	A		Shave skin lesion	1.14	1.03	1.02	0.51	0.51	0.08	2.25	2.24	1.73	1.73	0.00							
111308	A		Shave skin lesion	1.41	1.14	1.43	0.61	0.72	0.13	2.68	2.97	2.15	2.26	0.00							
111310	A		Shave skin lesion	0.73	0.94	0.80	0.34	0.37	0.05	1.72	1.58	1.12	1.15	0.00							
111311	A		Shave skin lesion	1.05	1.04	0.95	0.51	0.47	0.06	2.15	2.06	1.62	1.58	0.00							
111312	A		Shave skin lesion	1.20	1.11	1.19	0.58	0.60	0.09	2.40	2.48	1.87	1.89	0.00							
111313	A		Shave skin lesion	1.62	1.36	1.56	0.76	0.80	0.12	3.10	3.30	2.50	2.54	0.00							
11400	A		Removal of skin lesion	0.91	2.00	0.94	0.64	0.38	0.04	2.95	1.89	1.59	1.33	0.10							

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3 \*Indicates RVUs are not used for Medicare payment.



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Non-facility		Transitioned Facility		Facility		Global	
					expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	RVUs	RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	Total	Total	Total	Total
11401	A		Removal of skin lesion	1.32	2.04	1.06	0.81	0.48	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	2.18	1.85	0.10	0.10
11402	A		Removal of skin lesion	1.61	2.13	1.26	0.89	0.59	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	2.57	2.27	0.10	0.10
11403	A		Removal of skin lesion	1.92	1.92	1.43	1.01	0.73	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	3.03	2.75	0.10	0.10
11404	A		Removal of skin lesion	2.20	2.06	1.64	1.11	0.84	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	3.44	3.17	0.10	0.10
11406	A		Removal of skin lesion	2.76	2.77	2.22	1.32	1.86	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	4.34	4.88	0.10	0.10
11420	A		Removal of skin lesion	1.06	1.71	0.85	0.71	0.39	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	1.81	1.49	0.10	0.10
11421	A		Removal of skin lesion	1.53	2.00	1.08	0.91	0.52	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	2.49	2.10	0.10	0.10
11422	A		Removal of skin lesion	1.76	2.14	1.30	0.97	0.63	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08	2.81	2.47	0.10	0.10
11423	A		Removal of skin lesion	2.17	2.06	1.58	1.16	0.82	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	3.45	3.11	0.10	0.10
11424	A		Removal of skin lesion	2.62	2.21	1.69	1.32	0.90	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	4.07	3.65	0.10	0.10
11426	A		Removal of skin lesion	3.78	3.22	2.30	1.77	1.94	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	5.78	5.95	0.10	0.10
11440	A		Removal of skin lesion	1.15	2.10	1.09	0.86	0.50	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	2.06	1.70	0.10	0.10
11441	A		Removal of skin lesion	1.61	2.24	1.25	1.06	0.61	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	2.73	2.28	0.10	0.10
11442	A		Removal of skin lesion	1.87	2.33	1.50	1.16	0.75	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	3.12	2.71	0.10	0.10
11443	A		Removal of skin lesion	2.49	2.78	1.87	1.47	0.96	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	4.08	3.57	0.10	0.10
11444	A		Removal of skin lesion	3.42	2.81	1.90	1.90	1.08	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	5.43	4.61	0.10	0.10
11446	A		Removal of skin lesion	4.49	3.69	2.37	2.33	1.31	0.14	0.14	0.14	0.14	0.14	0.14	0.14	0.14	0.14	0.14	6.96	5.94	0.10	0.10
11450	A		Removal, sweat gland lesion	2.73	3.44	3.04	0.89	2.41	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	3.96	5.48	0.90	0.90
11451	A		Removal, sweat gland lesion	3.95	3.99	3.36	1.61	2.77	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	5.92	7.08	0.90	0.90
11462	A		Removal, sweat gland lesion	2.51	3.22	2.77	0.98	2.21	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	3.77	5.00	0.90	0.90
11463	A		Removal, sweat gland lesion	3.95	4.63	2.79	1.60	2.03	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	5.82	6.25	0.90	0.90
11470	A		Removal, sweat gland lesion	3.25	4.09	3.29	1.29	2.59	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	4.89	6.19	0.90	0.90
11471	A		Removal, sweat gland lesion	4.41	4.79	3.20	1.79	2.45	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	6.58	7.24	0.90	0.90
11600	A		Removal of skin lesion	1.41	2.17	1.47	0.89	0.69	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08	2.38	2.18	0.10	0.10
11601	A		Removal of skin lesion	1.93	2.11	1.66	0.82	0.78	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	2.84	2.80	0.10	0.10
11602	A		Removal of skin lesion	2.09	2.26	2.05	1.19	1.04	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	3.41	3.26	0.10	0.10
11603	A		Removal of skin lesion	2.35	2.10	2.36	1.27	1.23	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	3.78	3.74	0.10	0.10
11604	A		Removal of skin lesion	2.58	2.24	2.67	1.34	1.39	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	4.12	4.17	0.10	0.10
11606	A		Removal of skin lesion	3.43	3.07	3.30	1.66	2.95	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	5.47	6.76	0.10	0.10
11620	A		Removal of skin lesion	1.34	2.12	1.62	0.90	0.77	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	2.33	2.20	0.10	0.10
11621	A		Removal of skin lesion	1.97	2.25	1.99	1.20	1.01	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	3.30	3.11	0.10	0.10
11622	A		Removal of skin lesion	2.34	2.41	2.40	1.35	1.24	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	3.84	3.73	0.10	0.10
11623	A		Removal of skin lesion	2.93	2.39	2.70	1.60	1.45	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	4.73	4.58	0.10	0.10
11624	A		Removal of skin lesion	3.43	2.69	3.28	1.83	1.76	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	5.51	5.44	0.10	0.10
11626	A		Removal of skin lesion	4.30	3.53	3.66	2.22	3.33	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	6.92	8.03	0.10	0.10
11640	A		Removal of skin lesion	1.53	2.18	1.89	1.05	0.94	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	2.70	2.59	0.10	0.10
11641	A		Removal of skin lesion	2.44	2.51	2.33	1.51	1.23	0.14	0.14	0.14	0.14	0.14	0.14	0.14	0.14	0.14	0.14	4.09	3.81	0.10	0.10
11642	A		Removal of skin lesion	2.93	2.48	2.71	1.74	1.49	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	4.85	4.60	0.10	0.10
11643	A		Removal of skin lesion	3.50	2.79	3.15	2.01	1.73	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	5.73	5.45	0.10	0.10
11644	A		Removal of skin lesion	4.55	3.40	3.71	2.54	2.07	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	7.35	6.88	0.10	0.10

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global			
					practice RVUs	expense RVUs	Non- facility practice RVUs	Non- facility expense RVUs	Facility practice RVUs	Facility expense RVUs	Mal- practice RVUs	Non- facility		Facility		
												Total		RVUs	Total	RVUs
11646	A		Removal of skin lesion	5.95	4.53	4.65	3.24	4.33	0.47	10.95	11.07	9.66	10.75	010		
11719	R		Trim nail(s)	0.11	0.41	0.30	0.04	0.06	0.02	0.54	0.43	0.17	0.19	000		
11720	A		Debride nail, 1-5	0.32	0.38	0.36	0.27	0.20	0.02	0.72	0.70	0.61	0.54	000		
11721	A		Debride nail, 6 or more	0.54	0.49	0.57	0.36	0.32	0.04	1.07	1.15	0.94	0.90	000		
11730	A		Removal of nail plate	1.13	0.69	0.54	0.57	0.33	0.03	1.85	1.70	1.73	1.49	000		
11731	D		Removal of second nail plate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ		
11732	A		Remove additional nail plate	0.57	0.27	0.27	0.27	0.17	0.02	0.86	0.86	0.86	0.76	ZZZ		
11740	A		Drain blood from under nail	0.37	0.59	0.46	0.13	0.19	0.03	0.99	0.86	0.53	0.59	000		
11750	A		Removal of nail bed	1.86	1.38	2.06	0.75	1.04	0.15	3.39	4.07	2.76	3.05	010		
11752	A		Remove nail bed/finger tip	2.67	1.74	2.73	1.90	1.62	0.28	4.69	5.68	4.85	4.57	010		
11755	A		Biopsy, nail unit	1.31	0.97	1.05	0.73	0.99	0.09	2.37	2.45	2.13	2.39	000		
11760	A		Reconstruction of nail bed	1.58	1.37	1.10	1.37	0.73	0.07	3.02	2.75	3.02	2.38	010		
11762	A		Reconstruction of nail bed	2.89	1.82	2.55	2.09	1.57	0.19	4.90	5.63	5.17	4.65	010		
11765	A		Excision of nail fold, toe	0.69	0.86	0.63	0.57	0.35	0.04	1.59	1.36	1.30	1.08	010		
11770	A		Removal of pilonidal lesion	2.61	2.38	2.77	1.20	2.48	0.34	5.33	5.72	4.15	5.43	010		
11771	A		Removal of pilonidal lesion	5.74	4.66	4.85	3.48	4.55	0.72	11.12	11.31	9.94	11.01	090		
11772	A		Removal of pilonidal lesion	6.98	5.47	5.29	3.94	4.91	0.79	13.24	13.06	11.71	12.68	090		
11900	A		Injection into skin lesions	0.52	0.60	0.35	0.21	0.16	0.02	1.14	0.89	0.75	0.70	000		
11901	A		Added skin lesions injection	0.80	0.72	0.51	0.33	0.25	0.02	1.54	1.33	1.15	1.07	000		
11920	R		Correct skin color defects	1.61	1.81	1.41	0.84	1.17	0.18	3.60	3.20	2.63	2.96	000		
11921	R		Correct skin color defects	1.93	1.99	1.64	1.02	1.40	0.22	4.14	3.79	3.17	3.55	000		
11922	R		Correct skin color defects	0.49	0.32	0.37	0.26	0.36	0.05	0.86	0.91	0.80	0.90	ZZZ		
11950	R		Therapy for contour defects	0.84	0.96	1.21	0.41	1.07	0.09	1.89	2.14	1.34	2.00	000		
11951	R		Therapy for contour defects	1.19	1.38	1.31	0.50	1.09	0.09	2.66	2.59	1.78	2.37	000		
11952	R		Therapy for contour defects	1.69	0.99	1.22	0.99	1.22	0.09	2.77	3.00	2.77	3.00	000		
11954	R		Therapy for contour defects	1.85	1.44	1.33	0.96	1.21	0.09	3.38	3.27	2.90	3.15	000		
11960	A		Insert tissue expander(s)	9.08	NA	NA	8.83	8.50	1.16	NA	NA	19.07	18.74	090		
11970	A		Replace tissue expander	7.06	NA	NA	4.56	7.46	1.26	NA	NA	12.88	15.78	090		
11971	A		Remove tissue expander(s)	2.13	4.66	3.04	2.98	2.62	0.64	7.43	5.81	5.75	5.39	090		
11975	N		Insert contraceptive cap	+1.48	1.25	1.18	0.56	1.00	0.20	2.93	2.86	2.24	2.68	XXX		
11976	R		Removal of contraceptive cap	1.78	1.47	1.41	0.67	1.21	0.23	3.48	3.42	2.68	3.22	XXX		
11977	N		Removal/reinsert contra cap	+3.30	1.94	2.41	1.25	2.23	0.43	5.67	6.14	4.98	5.96	XXX		
12001	A		Repair superficial wound(s)	1.70	2.01	0.97	0.69	0.64	0.04	3.75	2.71	2.43	2.38	010		
12002	A		Repair superficial wound(s)	1.86	2.10	1.17	0.73	0.83	0.05	4.01	3.08	2.64	2.74	010		
12004	A		Repair superficial wound(s)	2.24	2.24	1.49	0.85	1.14	0.08	4.56	3.81	3.17	3.46	010		
12005	A		Repair superficial wound(s)	2.86	2.62	1.86	1.07	1.47	0.11	5.59	4.83	4.04	4.44	010		
12006	A		Repair superficial wound(s)	3.67	3.56	2.34	1.54	1.83	0.15	7.38	6.16	5.36	5.65	010		
12007	A		Repair superficial wound(s)	4.12	3.99	2.46	1.90	1.94	0.15	8.26	6.73	6.17	6.21	010		
12011	A		Repair superficial wound(s)	1.76	2.09	1.12	0.69	0.77	0.05	3.90	2.93	2.50	2.58	010		
12013	A		Repair superficial wound(s)	1.99	2.21	1.39	0.74	1.03	0.06	4.26	3.44	2.79	3.08	010		

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3 +Indicates RVUs are not used for Medicare payment.



# APPENDIX B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
12014	A		Repair superficial wound(s)	2.46	2.50	1.59	0.92	1.20	0.08	5.04	4.13	3.46	3.74	0.10									0.10
12015	A		Repair superficial wound(s)	3.19	2.88	2.04	1.12	1.60	0.11	6.18	5.34	4.42	4.90	0.10									0.10
12016	A		Repair superficial wound(s)	3.93	3.10	2.61	1.37	2.18	0.15	7.18	6.69	5.45	6.26	0.10									0.10
12017	A		Repair superficial wound(s)	4.71	4.57	3.88	1.86	3.20	0.24	9.52	8.83	6.81	8.15	0.10									0.10
12018	A		Repair superficial wound(s)	5.53	5.38	5.54	2.50	4.82	0.38	11.29	11.45	8.41	10.73	0.10									0.10
12020	A		Closure of split wound	2.62	2.27	1.54	1.34	1.30	0.14	5.03	4.30	4.10	4.06	0.10									0.10
12021	A		Closure of split wound	1.84	1.82	0.96	1.01	0.51	0.09	3.75	2.89	2.94	2.44	0.10									0.10
12031	A		Layer closure of wound(s)	2.15	2.36	1.18	1.04	0.55	0.05	4.56	3.38	3.24	2.75	0.10									0.10
12032	A		Layer closure of wound(s)	2.47	2.39	1.45	1.12	0.71	0.08	4.94	4.00	3.67	3.26	0.10									0.10
12034	A		Layer closure of wound(s)	2.92	2.59	1.85	1.26	1.52	0.12	5.63	4.89	4.30	4.56	0.10									0.10
12035	A		Layer closure of wound(s)	3.43	2.67	2.23	1.54	1.95	0.18	6.28	5.84	5.15	5.56	0.10									0.10
12036	A		Layer closure of wound(s)	4.05	4.36	2.98	2.12	2.42	0.29	8.70	7.32	6.46	6.76	0.10									0.10
12037	A		Layer closure of wound(s)	4.67	4.78	3.71	2.41	3.12	0.38	9.83	8.76	7.46	8.17	0.10									0.10
12041	A		Layer closure of wound(s)	2.37	2.63	1.34	1.09	0.62	0.06	5.06	3.77	3.52	3.05	0.10									0.10
12042	A		Layer closure of wound(s)	2.74	2.59	1.60	1.24	0.79	0.09	5.42	4.43	4.07	3.62	0.10									0.10
12044	A		Layer closure of wound(s)	3.14	2.70	2.00	1.39	1.67	0.13	5.97	5.27	4.66	4.94	0.10									0.10
12045	A		Layer closure of wound(s)	3.64	3.08	2.50	1.69	2.16	0.18	6.90	6.32	5.51	5.98	0.10									0.10
12046	A		Layer closure of wound(s)	4.25	4.67	3.46	2.21	2.85	0.29	9.21	8.00	6.75	7.39	0.10									0.10
12047	A		Layer closure of wound(s)	4.65	5.12	4.55	2.67	3.94	0.44	10.21	9.64	7.76	9.03	0.10									0.10
12051	A		Layer closure of wound(s)	2.47	2.57	1.47	1.21	0.72	0.08	5.12	4.02	3.76	3.27	0.10									0.10
12052	A		Layer closure of wound(s)	2.77	2.52	1.83	1.17	0.89	0.11	5.40	4.71	4.05	3.77	0.10									0.10
12053	A		Layer closure of wound(s)	3.12	2.64	2.09	1.30	1.76	0.13	5.89	5.34	4.55	5.01	0.10									0.10
12054	A		Layer closure of wound(s)	3.46	2.94	2.85	1.40	2.47	0.20	6.60	6.51	5.06	6.13	0.10									0.10
12055	A		Layer closure of wound(s)	4.43	3.67	3.56	2.01	3.14	0.29	8.39	8.28	6.73	7.86	0.10									0.10
12056	A		Layer closure of wound(s)	5.24	5.14	5.14	2.75	4.54	0.41	10.79	10.79	8.40	10.19	0.10									0.10
12057	A		Layer closure of wound(s)	5.96	4.70	5.71	3.70	5.46	0.38	11.04	12.05	10.04	11.80	0.10									0.10
13100	A		Repair of wound or lesion	3.12	2.93	1.66	1.68	0.89	0.10	6.15	4.88	4.90	4.11	0.10									0.10
13101	A		Repair of wound or lesion	3.92	3.14	2.48	2.12	1.38	0.16	7.22	6.56	6.20	5.46	0.10									0.10
13120	A		Repair of wound or lesion	3.30	3.01	1.86	1.69	0.98	0.13	6.44	5.29	5.12	4.41	0.10									0.10
13121	A		Repair of wound or lesion	4.33	3.34	3.00	2.18	1.63	0.26	7.93	7.59	6.77	6.22	0.10									0.10
13131	A		Repair of wound or lesion	3.79	3.28	2.43	2.02	1.32	0.18	7.25	6.40	5.99	5.29	0.10									0.10
13132	A		Repair of wound or lesion	5.95	4.08	4.74	3.06	2.63	0.34	10.37	11.03	9.35	8.92	0.10									0.10
13150	A		Repair of wound or lesion	3.81	4.38	2.53	2.38	2.03	0.18	8.37	6.52	6.37	6.02	0.10									0.10
13151	A		Repair of wound or lesion	4.45	4.36	3.09	2.75	1.69	0.27	9.08	7.81	7.47	6.41	0.10									0.10
13152	A		Repair of wound or lesion	6.33	5.11	5.46	3.66	3.01	0.53	11.97	12.32	10.52	9.87	0.10									0.10
13160	A		Late closure of wound	10.48	NA	NA	5.81	4.16	0.45	NA	NA	16.74	15.09	0.90									0.90
13300	A		Repair of wound or lesion	5.27	3.85	5.61	2.79	5.35	0.67	9.79	11.55	8.73	11.29	0.10									0.10
14000	A		Skin tissue rearrangement	5.89	6.08	4.30	3.99	2.39	0.30	12.27	10.49	10.18	8.58	0.90									0.90
14001	A		Skin tissue rearrangement	8.47	7.33	5.70	5.28	5.18	0.59	16.39	14.76	14.34	14.24	0.90									0.90
14020	A		Skin tissue rearrangement	6.59	6.48	5.61	4.63	5.15	0.38	13.45	12.58	11.60	12.12	0.90									0.90



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility			Transitioned			Facility			Transitioned			Non- facility			Facility			Global
					practice RVUs	expense RVUs	practice RVUs	Non- facility RVUs	practice RVUs	expense RVUs	Non- facility RVUs	practice RVUs	expense RVUs	Non- facility RVUs	practice RVUs	Total	Non- facility RVUs	practice RVUs	Total	Non- facility RVUs	practice RVUs	Total	
14021	A		Skin tissue rearrangement	10.06	7.91	7.03	6.38	6.65	0.74	18.71	17.83	17.18	17.45	090									
14040	A		Skin tissue rearrangement	7.87	6.91	7.24	5.39	4.11	0.51	15.29	15.62	13.77	12.49	090									
14041	A		Skin tissue rearrangement	11.49	8.56	8.55	7.22	5.02	0.80	20.85	20.84	19.51	17.31	090									
14060	A		Skin tissue rearrangement	8.50	7.41	8.16	6.13	7.84	0.81	16.72	17.47	15.44	17.15	090									
14061	A		Skin tissue rearrangement	12.29	9.46	10.90	7.80	6.22	0.99	22.74	24.18	21.08	19.50	090									
14300	A		Skin tissue rearrangement	11.76	8.73	11.39	7.54	11.09	1.44	21.93	24.59	20.74	24.29	090									
14350	A		Skin tissue rearrangement	9.61	NA	NA	5.81	6.40	0.82	NA	NA	16.24	16.83	090									
15000	A		Skin graft	4.00	2.25	2.31	1.93	2.23	0.41	6.66	6.72	6.34	6.64	000									
15001	A		Skin graft add-on	1.00	0.49	0.49	0.48	0.48	0.41	1.90	1.90	1.89	1.89	ZZZ									
15050	A		Skin pinch graft	4.30	4.24	2.52	3.33	2.29	0.23	8.77	7.05	7.86	6.82	090									
15100	A		Skin split graft	9.05	5.62	5.10	5.51	5.08	0.70	15.37	14.85	15.26	14.83	090									
15101	A		Skin split graft add-on	1.72	1.12	1.58	0.76	1.49	0.26	3.10	3.56	2.74	3.47	ZZZ									
15120	A		Skin split graft	9.83	7.16	6.72	6.30	6.50	0.74	17.73	17.29	16.87	17.07	090									
15121	A		Skin split graft add-on	2.67	1.63	2.78	1.26	2.69	0.41	4.71	5.86	4.34	5.77	ZZZ									
15200	A		Skin full graft	8.03	7.73	5.29	5.01	4.61	0.54	16.30	13.86	13.58	13.18	090									
15201	A		Skin full graft add-on	1.32	0.90	1.59	0.62	1.33	0.39	2.61	3.30	2.33	3.04	ZZZ									
15220	A		Skin full graft	7.87	7.81	5.89	5.31	5.27	0.66	16.34	14.42	13.84	13.80	090									
15221	A		Skin full graft add-on	1.19	0.79	1.50	0.60	1.22	0.39	2.37	3.08	2.18	2.80	ZZZ									
15240	A		Skin full graft	9.04	7.62	6.87	6.15	6.50	0.81	17.47	16.72	16.00	16.35	090									
15241	A		Skin full graft add-on	1.86	1.26	2.25	0.95	1.90	0.45	3.57	4.56	3.26	4.21	ZZZ									
15260	A		Skin full graft	10.06	7.80	8.03	6.87	7.79	0.77	18.63	18.86	17.70	18.62	090									
15261	A		Skin full graft add-on	2.23	1.39	2.67	1.16	2.29	0.47	4.09	5.37	3.86	4.99	ZZZ									
15350	A		Skin homograft	4.00	6.47	3.37	3.58	2.64	0.33	10.80	7.70	7.91	6.97	090									
15351	A		Skin homograft add-on	1.00	0.41	0.41	0.45	0.45	0.26	1.67	1.67	1.71	1.71	ZZZ									
15400	A		Skin heterograft	4.00	3.69	1.79	4.22	1.92	0.13	7.82	5.92	8.35	6.05	090									
15401	A		Skin heterograft add-on	1.00	0.41	0.41	0.45	0.45	0.26	1.67	1.67	1.71	1.71	ZZZ									
15570	A		Form skin pedicle flap	9.21	6.94	6.21	5.51	5.86	1.63	17.78	17.05	16.35	16.70	090									
15572	A		Form skin pedicle flap	9.27	6.82	6.09	5.19	5.68	1.46	17.55	16.82	15.92	16.41	090									
15574	A		Form skin pedicle flap	9.88	7.15	6.18	6.27	5.96	1.30	18.33	17.36	17.45	17.14	090									
15576	A		Form skin pedicle flap	8.69	7.54	4.43	5.75	3.98	0.47	16.70	13.59	14.91	13.14	090									
15580	A		Attach skin pedicle graft	9.46	NA	NA	6.43	5.12	1.02	NA	NA	16.91	15.60	090									
15600	A		Skin graft	1.91	4.51	3.17	1.83	2.17	0.69	7.11	5.77	4.43	4.77	090									
15610	A		Skin graft	2.42	4.02	3.30	2.16	2.71	0.63	7.07	6.35	5.21	5.76	090									
15620	A		Skin graft	2.94	5.01	4.05	2.83	3.34	0.67	8.62	7.66	6.44	6.95	090									
15625	A		Skin graft	1.91	NA	NA	2.12	2.24	0.61	NA	NA	4.64	4.76	090									
15630	A		Skin graft	3.27	4.86	4.15	3.02	3.69	0.70	8.83	8.12	6.99	7.66	090									
15650	A		Transfer skin pedicle flap	3.97	4.74	4.74	3.09	4.33	0.73	9.44	9.44	7.79	9.03	090									
15732	A		Muscle-skin graft, head/neck	17.84	NA	NA	10.88	15.32	2.71	NA	NA	31.43	35.87	090									
15734	A		Muscle-skin graft, trunk	17.79	NA	NA	10.40	18.07	2.53	NA	NA	30.72	38.39	090									
15736	A		Muscle-skin graft, arm	16.27	NA	NA	9.84	15.65	2.36	NA	NA	28.47	34.28	090									

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# ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician	Non-facility		Transitioned		Facility		Mal-practice	Non-facility		Transitioned		Facility		Transitioned	Global																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
				work <sup>3</sup>	RVUs	practise	expense	RVUs	practise	expense	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs			RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs

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3 \*Indicates RVUs are not used for Medicare payment.



## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitioned		Facility		Mal-practice		Non-facility		Transitioned		Facility		Global		
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	Total	facility	Total	RVUs	RVUs	Total		facility	Total
15839	A		Excise excessive skin tissue	9.38	6.65	3.65	5.50	3.36	0.36	16.39	13.39	15.24	13.10	090					090		
15840	A		Graft for face nerve palsy	13.26	NA	NA	9.12	14.15	1.78	NA	NA	NA	24.16	29.19	090				090		
15841	A		Graft for face nerve palsy	23.26	NA	NA	14.03	17.24	2.16	NA	NA	NA	39.45	42.66	090				090		
15842	A		Graft for face nerve palsy	37.96	NA	NA	20.06	28.62	2.10	NA	NA	NA	60.12	68.68	090				090		
15845	A		Skin and muscle repair, face	12.57	NA	NA	8.19	13.31	1.99	NA	NA	NA	22.75	27.87	090				090		
15850	B		Removal of sutures	+0.78	1.16	0.58	0.31	0.37	0.03	1.97	1.39	1.12	1.18	XXX					XXX		
15851	A		Removal of sutures	0.86	1.42	0.60	0.33	0.21	0.02	2.30	1.48	1.21	1.09	000					000		
15852	A		Dressing change,not for burn	0.86	1.37	0.70	0.37	0.27	0.05	2.28	1.61	1.28	1.18	000					000		
15860	A		Test for blood flow in graft	1.95	1.00	1.35	0.80	1.30	0.20	3.15	3.50	2.95	3.45	000					000		
15876	R		Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX					XXX		
15877	R		Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX					XXX		
15878	R		Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX					XXX		
15879	R		Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX					XXX		
15920	A		Removal of tail bone ulcer	7.95	NA	NA	4.84	3.61	0.49	NA	NA	13.28	12.05	090					090		
15922	A		Removal of tail bone ulcer	9.90	NA	NA	6.48	6.49	0.93	NA	NA	17.31	17.32	090					090		
15931	A		Remove sacrum pressure sore	9.24	NA	NA	4.93	3.62	0.43	NA	NA	14.60	13.29	090					090		
15933	A		Remove sacrum pressure sore	10.85	NA	NA	7.13	7.42	1.12	NA	NA	19.10	19.39	090					090		
15934	A		Remove sacrum pressure sore	12.69	NA	NA	7.56	7.97	1.17	NA	NA	21.42	21.83	090					090		
15935	A		Remove sacrum pressure sore	14.57	NA	NA	8.89	11.37	1.78	NA	NA	25.24	27.72	090					090		
15936	A		Remove sacrum pressure sore	12.38	NA	NA	7.96	10.35	1.60	NA	NA	21.94	24.33	090					090		
15937	A		Remove sacrum pressure sore	14.21	NA	NA	9.12	13.25	2.09	NA	NA	25.42	29.55	090					090		
15940	A		Removal of pressure sore	9.34	NA	NA	5.43	4.25	0.57	NA	NA	15.34	14.16	090					090		
15941	A		Removal of pressure sore	11.43	NA	NA	8.46	7.85	1.09	NA	NA	20.98	20.37	090					090		
15944	A		Removal of pressure sore	11.46	NA	NA	7.60	9.44	1.42	NA	NA	20.48	22.32	090					090		
15945	A		Removal of pressure sore	12.69	NA	NA	8.26	11.13	1.64	NA	NA	22.59	25.46	090					090		
15946	A		Removal of pressure sore	21.57	NA	NA	11.95	16.51	2.53	NA	NA	36.05	40.61	090					090		
15950	A		Remove thigh pressure sore	7.54	NA	NA	4.30	3.53	0.45	NA	NA	12.29	11.52	090					090		
15951	A		Remove thigh pressure sore	10.72	NA	NA	7.22	8.03	1.24	NA	NA	19.18	19.99	090					090		
15952	A		Remove thigh pressure sore	11.39	NA	NA	6.72	7.49	1.07	NA	NA	19.18	19.95	090					090		
15953	A		Remove thigh pressure sore	12.63	NA	NA	7.63	9.30	1.46	NA	NA	21.72	23.39	090					090		
15956	A		Remove thigh pressure sore	15.52	NA	NA	9.45	16.26	2.65	NA	NA	27.62	34.43	090					090		
15958	A		Remove thigh pressure sore	15.48	NA	NA	9.53	16.24	2.94	NA	NA	27.95	34.66	090					090		
15999	C		Removal of pressure sore	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY					YYY		
16000	A		Initial treatment of burn(s)	0.89	0.88	0.51	0.24	0.20	0.02	1.79	1.42	1.15	1.11	000					000		
16010	A		Treatment of burn(s)	0.87	0.96	0.50	0.32	0.22	0.02	1.85	1.39	1.21	1.11	000					000		
16015	A		Treatment of burn(s)	2.35	1.32	1.99	0.88	1.88	0.30	3.97	4.64	3.53	4.53	000					000		
16020	A		Treatment of burn(s)	0.80	0.99	0.53	0.25	0.21	0.02	1.81	1.35	1.07	1.03	000					000		
16025	A		Treatment of burn(s)	1.85	1.47	0.74	0.67	0.36	0.04	3.36	2.63	2.56	2.25	000					000		
16030	A		Treatment of burn(s)	2.08	2.34	1.01	0.89	0.64	0.06	4.48	3.15	3.03	2.78	000					000		
16035	A		Incision of burn scab	4.82	2.74	2.22	2.01	2.03	0.27	7.83	7.31	7.10	7.12	090					090		

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CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup>		Non-facility practice expense RVUs		Transitioned Non-facility practice expense RVUs		Transitioned Facility practice expense RVUs		Transitioned Mal-practice RVUs		Non-facility Total		Facility Total		Transitioned Facility Total		Global		
				RVUs		RVUs		RVUs		RVUs		RVUs		RVUs		RVUs		RVUs			RVUs	
16040		D	Burn wound excision	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		
16041		D	Burn wound excision	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		
16042		D	Burn wound excision	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		
17000		A	Destroy benign/premal lesion	0.60		0.73		0.53		0.26		0.24		0.02		1.35		1.15		0.86		
17003		A	Destroy 2-14 lesions	0.15		0.55		0.24		0.08		0.07		0.01		0.71		0.40		0.23		
17004		A	Destroy 15 & more lesions	2.79		1.83		2.29		1.31		1.24		0.16		4.78		5.24		4.19		
17106		A	Destruction of skin lesions	4.59		3.40		2.42		2.63		1.45		0.14		8.13		7.15		6.18		
17107		A	Destruction of skin lesions	9.16		5.83		4.47		4.90		2.73		0.31		15.30		13.94		12.20		
17108		A	Destruction of skin lesions	13.20		8.16		9.62		7.09		9.36		0.54		21.90		23.36		23.10		
17110		A	Destruct lesion, 1-14	0.65		0.87		0.54		0.26		0.23		0.02		1.54		1.21		0.90		
17111		A	Destruct lesion, 15 or more	0.92		1.07		0.76		0.38		0.34		0.04		2.03		1.72		1.30		
17250		A	Chemical cautery, tissue	0.50		0.59		0.43		0.20		0.19		0.03		1.12		0.96		0.72		
17260		A	Destruction of skin lesions	0.91		1.04		1.18		0.41		0.57		0.08		2.03		2.17		1.56		
17261		A	Destruction of skin lesions	1.17		1.15		1.42		0.54		0.71		0.09		2.41		2.68		1.80		
17262		A	Destruction of skin lesions	1.58		1.34		1.82		0.73		0.93		0.13		3.05		3.53		2.64		
17263		A	Destruction of skin lesions	1.79		1.45		2.19		0.82		1.12		0.16		3.40		4.14		3.07		
17264		A	Destruction of skin lesions	1.94		1.52		2.49		0.87		1.28		0.20		3.66		4.63		3.42		
17266		A	Destruction of skin lesions	2.34		1.73		2.97		0.97		1.51		0.38		4.45		5.69		4.23		
17270		A	Destruction of skin lesions	1.32		1.23		1.40		0.60		0.70		0.09		2.64		2.81		2.11		
17271		A	Destruction of skin lesions	1.49		1.30		1.75		0.69		0.89		0.13		2.92		3.37		2.51		
17272		A	Destruction of skin lesions	1.77		1.44		2.15		0.83		1.11		0.15		3.36		4.07		3.03		
17273		A	Destruction of skin lesions	2.05		1.57		2.49		0.94		1.29		0.20		3.82		4.74		3.54		
17274		A	Destruction of skin lesions	2.59		1.84		3.07		1.17		1.60		0.25		4.68		5.91		4.44		
17276		A	Destruction of skin lesions	3.20		2.15		3.31		1.60		1.79		0.40		5.75		6.91		5.39		
17280		A	Destruction of skin lesions	1.17		1.16		1.63		0.52		0.81		0.12		2.45		2.92		2.10		
17281		A	Destruction of skin lesions	1.72		1.42		2.06		0.81		1.06		0.14		3.28		3.92		2.92		
17282		A	Destruction of skin lesions	2.04		1.57		2.49		0.96		1.29		0.18		3.79		4.71		3.51		
17283		A	Destruction of skin lesions	2.64		1.86		2.92		1.26		1.55		0.22		4.72		5.78		4.41		
17284		A	Destruction of skin lesions	3.21		2.14		3.39		1.53		1.82		0.26		5.61		6.86		5.29		
17286		A	Destruction of skin lesions	4.44		2.78		4.21		2.39		2.36		0.47		7.69		9.12		7.27		
17304		A	Chemosurgery of skin lesion	7.60		6.72		4.95		4.13		2.67		0.24		14.56		12.79		10.51		
17305		A	2nd stage chemosurgery	2.85		2.56		2.48		1.62		1.33		0.13		5.54		5.46		4.31		
17306		A	3rd stage chemosurgery	2.85		2.56		1.78		1.62		0.98		0.09		5.50		4.72		3.92		
17307		A	Followup skin lesion therapy	2.85		2.56		1.84		1.63		1.01		0.09		5.50		4.78		3.95		
17310		A	Extensive skin chemosurgery	0.95		1.02		0.36		0.55		0.19		0.01		1.98		1.32		1.15		
17340		A	Cryotherapy of skin	0.76		1.14		0.51		0.25		0.18		0.02		1.92		1.29		0.96		
17360		A	Skin peel therapy	1.43		1.27		0.54		0.70		0.29		0.02		2.72		1.99		1.74		
17380		R	Hair removal by electrolysis	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		
17999		C	Skin tissue procedure	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		
19000		A	Drainage of breast lesion	0.84		1.37		0.65		0.24		0.22		0.05		2.26		1.54		1.11		



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Non-facility		Transitioned Facility		Global
					RVUs	expense	RVUs	expense	RVUs	expense	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	Total	
19001	A		Drain breast lesion add-on	0.42	1.05		0.46		0.12		0.13		1.51		0.92		0.58		ZZZ
19020	A		Incision of breast lesion	3.57	5.38		2.49		2.73		1.82		9.17		6.28		6.52		090
19030	A		Injection for breast x-ray	1.53	10.31		2.98		0.41		0.50		11.87		4.54		1.97		000
19100	A		Biopsy of breast	1.27	2.88		1.24		0.81		0.47		4.25		2.61		2.18		000
19101	A		Biopsy of breast	3.18			3.74		2.67		2.57		10.87		7.27		6.20		010
19110	A		Nipple exploration	4.30	6.54		3.64		3.46		2.87		11.24		8.34		8.16		090
19112	A		Excise breast duct fistula	3.67	6.93		3.64		2.51		2.53		10.87		7.58		6.45		090
19120	A		Removal of breast lesion	5.56	3.47		3.23		3.32		3.19		9.50		9.26		9.35		090
19125	A		Excision, breast lesion	6.06	3.80		3.31		3.76		3.30		10.33		9.84		10.29		090
19126	A		Excision, add'l breast lesion	2.93	NA		NA		1.26		1.49		NA		NA		4.43		ZZZ
19140	A		Removal of breast tissue	5.14	7.16		5.29		3.13		4.28		13.01		11.14		8.98		090
19160	A		Removal of breast tissue	5.99	NA		NA		3.80		4.31		NA		NA		10.48		090
19162	A		Remove breast tissue, nodes	13.53	NA		NA		7.29		9.46		1.53		NA		22.35		090
19180	A		Removal of breast	8.80	NA		NA		5.31		5.90		NA		NA		15.62		090
19182	A		Removal of breast	7.73	NA		NA		4.61		6.10		NA		NA		13.33		090
19200	A		Removal of breast	15.49	NA		NA		8.40		10.42		NA		NA		25.57		090
19220	A		Removal of breast	15.72	NA		NA		8.55		10.87		NA		NA		26.13		090
19240	A		Removal of breast	16.00	NA		NA		8.19		9.73		NA		NA		25.75		090
19260	A		Removal of chest wall lesion	15.44	NA		NA		11.09		6.88		NA		NA		27.34		090
19271	A		Revision of chest wall	18.90	NA		NA		13.74		14.79		2.17		NA		34.81		090
19272	A		Extensive chest wall surgery	21.55	NA		NA		14.79		13.95		2.00		NA		38.34		090
19290	A		Place needle wire, breast	1.27	5.27		1.68		0.34		0.45		6.59		3.00		1.66		000
19291	A		Place needle wire, breast	0.63	1.45		0.57		0.17		0.25		2.11		1.23		0.83		ZZZ
19316	A		Suspension of breast	10.69	NA		NA		6.80		11.27		NA		NA		19.39		090
19318	A		Reduction of large breast	15.62	NA		NA		9.44		13.90		2.53		NA		27.59		090
19324	A		Enlarge breast	5.85	NA		NA		3.65		3.59		NA		NA		10.02		090
19325	A		Enlarge breast with implant	8.45	NA		NA		5.81		6.23		NA		NA		15.14		090
19328	A		Removal of breast implant	5.68	NA		NA		3.99		4.06		NA		NA		10.24		090
19330	A		Removal of breast implant	7.59	NA		NA		4.71		4.34		NA		NA		12.89		090
19340	A		Immediate breast prosthesis	6.33	NA		NA		3.25		6.48		NA		NA		11.19		ZZZ
19342	A		Delayed breast prosthesis	11.20	NA		NA		7.09		10.57		1.59		NA		19.88		090
19350	A		Breast reconstruction	8.92	10.84		8.47		6.01		7.26		20.84		18.47		16.01		090
19355	A		Correct inverted nipple(s)	7.57	12.42		7.12		4.55		5.15		20.77		15.47		12.90		090
19357	A		Breast reconstruction	18.16	NA		NA		12.00		12.89		NA		NA		32.01		090
19361	A		Breast reconstruction	19.26	NA		NA		11.15		19.18		NA		NA		33.45		090
19364	A		Breast reconstruction	41.00	NA		NA		23.30		19.40		NA		NA		67.10		090
19366	A		Breast reconstruction	21.28	NA		NA		10.95		16.09		NA		NA		34.72		090
19367	A		Breast reconstruction	25.73	NA		NA		14.33		19.97		NA		NA		43.10		090
19368	A		Breast reconstruction	32.42	NA		NA		18.24		20.95		NA		NA		53.70		090
19369	A		Breast reconstruction	29.82	NA		NA		17.22		20.69		NA		NA		50.08		090

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3 \*Indicates RVUs are not used for Medicare payment.



# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitioned		Facility		Transitioned		Global	
					Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal- practice RVUs	Transitioned				
										Non-facility Total	Non-facility Total	Facility Total		Facility Total
19370	A	A	Surgery of breast capsule	8.05	NA	NA	5.40	6.38	0.93	0.93	NA	14.38	15.36	090
19371	A	A	Removal of breast capsule	9.35	NA	NA	6.35	8.02	1.20	1.20	NA	16.90	18.57	090
19380	A	A	Revise breast reconstruction	9.14	NA	NA	6.24	8.16	1.23	1.23	NA	16.61	18.53	090
19396	A	A	Design custom breast implant	2.17	3.90	2.25	0.82	1.48	0.24	0.24	6.31	3.23	3.89	000
19499	C	C	Breast surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
20000	A	A	Incision of abscess	2.12	1.80	1.14	1.01	0.60	0.06	0.06	3.98	3.19	2.78	010
20005	A	A	Incision of deep abscess	3.42	2.54	2.13	1.90	1.97	0.22	0.22	6.18	5.54	5.61	010
20100	A	A	Explore wound, neck	10.08	5.13	5.33	4.73	5.23	0.91	0.91	16.12	15.72	16.22	010
20101	A	A	Explore wound, chest	3.22	2.12	1.81	1.55	1.66	0.29	0.29	5.63	5.06	5.17	010
20102	A	A	Explore wound, abdomen	3.94	2.76	2.25	1.79	2.01	0.35	0.35	7.05	6.08	6.30	010
20103	A	A	Explore wound, extremity	5.30	3.65	3.02	2.90	2.83	0.47	0.47	9.42	8.67	8.60	010
20150	A	A	Excise epiphyseal bar	13.69	NA	NA	7.33	11.93	1.59	1.59	NA	22.61	27.21	090
20200	A	A	Muscle biopsy	1.46	1.49	1.29	0.61	1.07	0.14	0.14	3.09	2.21	2.67	000
20205	A	A	Deep muscle biopsy	2.35	3.61	2.43	1.13	1.81	0.26	0.26	6.22	3.74	4.42	000
20206	A	A	Needle biopsy, muscle	0.99	2.74	1.47	0.98	1.03	0.11	0.11	3.84	2.57	2.13	000
20220	A	A	Bone biopsy, trocar/needle	1.27	2.93	1.80	1.82	1.52	0.07	0.07	4.27	3.16	2.86	000
20225	A	A	Bone biopsy, trocar/needle	1.87	0.64	2.10	1.90	2.16	0.22	0.22	2.73	3.99	4.25	000
20240	A	A	Bone biopsy, excisional	3.23	NA	NA	3.12	2.31	0.14	0.14	NA	6.49	5.68	010
20245	A	A	Bone biopsy, excisional	3.95	NA	NA	3.98	3.91	0.34	0.34	NA	8.27	8.20	010
20250	A	A	Open bone biopsy	5.03	NA	NA	3.83	5.08	0.59	0.59	NA	9.45	10.70	010
20251	A	A	Open bone biopsy	5.56	NA	NA	4.59	5.90	0.72	0.72	NA	10.87	12.18	010
20500	A	A	Injection of sinus tract	1.23	3.74	1.23	2.46	0.77	0.03	0.03	5.00	2.49	3.72	010
20501	A	A	Inject sinus tract for x-ray	0.76	12.00	3.25	0.21	0.30	0.02	0.02	12.78	4.03	1.08	000
20520	A	A	Removal of foreign body	1.85	3.63	1.49	2.36	0.88	0.06	0.06	5.54	3.40	2.79	010
20525	A	A	Removal of foreign body	3.50	4.56	2.96	3.34	2.65	0.26	0.26	8.32	6.72	7.10	010
20550	A	A	Inj tendon/ligament/cyst	0.86	1.48	0.68	0.18	0.20	0.03	0.03	2.37	1.57	1.07	000
20600	A	A	Drain/inject joint/bursa	0.66	1.06	0.65	0.26	0.26	0.04	0.04	1.76	1.35	0.96	000
20605	A	A	Drain/inject joint/bursa	0.68	1.30	0.69	0.26	0.25	0.04	0.04	2.02	1.41	0.97	000
20610	A	A	Drain/inject joint/bursa	0.79	1.61	0.77	0.44	0.30	0.04	0.04	2.44	1.60	1.27	000
20615	A	A	Treatment of bone cyst	2.28	3.16	1.19	2.10	0.73	0.05	0.05	5.49	3.52	3.06	010
20650	A	A	Insert and remove bone pin	2.23	3.49	1.75	2.51	1.51	0.11	0.11	5.83	4.09	3.85	010
20660	A	A	Apply,remove fixation device	2.51	NA	NA	1.39	1.62	0.16	0.16	NA	4.06	4.29	000
20661	A	A	Application of head brace	4.89	NA	NA	5.42	4.47	0.51	0.51	NA	10.82	9.87	090
20662	A	A	Application of pelvis brace	6.07	NA	NA	4.74	6.51	0.81	0.81	NA	11.62	13.39	090
20663	A	A	Application of thigh brace	5.43	NA	NA	3.77	4.72	0.59	0.59	NA	9.79	10.74	090
20664	A	A	Halo brace application	8.06	NA	NA	7.10	4.89	0.51	0.51	NA	15.67	13.46	090
20665	A	A	Removal of fixation device	1.31	1.77	0.85	1.13	0.69	0.05	0.05	3.13	2.21	2.05	010
20670	A	A	Removal of support implant	1.74	4.33	1.68	2.77	0.99	0.09	0.09	6.16	3.51	2.82	010
20680	A	A	Removal of support implant	3.35	3.80	3.66	4.58	3.85	0.40	0.40	7.55	7.41	7.60	090
20690	A	A	Apply bone fixation device	3.52	NA	NA	1.96	3.47	0.45	0.45	NA	5.93	7.44	090







## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility			Transitioned Non-facility			Transitioned Facility			Non- facility			Transitioned Facility			Global
					practice RVUs	expense RVUs	practice expense RVUs	practice RVUs	expense RVUs	practice expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	Total	Non- facility	Total	Facility	Total	
21029	A		Contour of face bone lesion	7.71	6.96	5.73	8.64	4.88	0.61	15.28	16.96	14.05	13.20	090						090
21030	A		Removal of face bone lesion	6.46	5.32	4.59	4.06	2.51	0.23	12.01	10.75	11.28	9.20	090						090
21031	A		Remove exostosis, mandible	3.24	3.50	2.24	3.87	2.06	0.25	6.99	7.36	5.73	5.55	090						090
21032	A		Remove exostosis, maxilla	3.24	3.49	2.36	4.03	2.17	0.27	7.00	7.54	5.87	5.68	090						090
21034	A		Removal of face bone lesion	16.17	9.83	10.40	8.14	8.29	0.70	26.70	25.01	27.27	25.16	090						090
21040	A		Removal of jaw bone lesion	2.11	3.19	1.96	3.05	1.62	0.19	5.49	5.35	4.26	3.92	090						090
21041	A		Removal of jaw bone lesion	6.71	5.54	4.45	6.07	3.46	0.39	12.64	13.17	11.55	10.56	090						090
21044	A		Removal of jaw bone lesion	11.86	NA	8.07	NA	9.79	0.87	NA	NA	20.80	22.52	090						090
21045	A		Extensive jaw surgery	16.17	NA	10.57	NA	13.90	1.24	NA	NA	27.98	31.31	090						090
21050	A		Removal of jaw joint	10.77	NA	11.59	NA	12.54	0.84	NA	NA	23.20	24.15	090						090
21060	A		Remove jaw joint cartilage	10.23	NA	9.51	NA	11.54	0.81	NA	NA	20.55	22.58	090						090
21070	A		Remove coronoid process	8.20	NA	6.24	NA	7.10	0.64	NA	NA	15.08	15.94	090						090
21076	A		Prepare face/oral prosthesis	13.42	9.35	7.02	14.35	7.76	1.06	23.83	28.83	21.50	22.24	010						010
21077	A		Prepare face/oral prosthesis	33.75	23.50	17.67	36.10	19.53	2.65	59.90	72.50	54.07	55.93	090						090
21079	A		Prepare face/oral prosthesis	22.34	16.61	12.22	26.89	14.43	1.76	40.71	50.99	36.32	38.53	090						090
21080	A		Prepare face/oral prosthesis	25.10	18.67	13.74	30.21	16.21	1.97	45.74	57.28	40.81	43.28	090						090
21081	A		Prepare face/oral prosthesis	22.88	17.01	12.52	27.53	14.77	1.80	41.69	52.21	37.20	39.45	090						090
21082	A		Prepare face/oral prosthesis	20.87	14.53	10.93	22.32	12.08	1.64	37.04	44.83	33.44	34.59	090						090
21083	A		Prepare face/oral prosthesis	19.30	14.35	10.56	23.23	12.47	1.52	35.17	44.05	31.38	33.29	090						090
21084	A		Prepare face/oral prosthesis	22.51	16.73	12.32	27.09	14.53	1.78	41.02	51.38	36.61	38.82	090						090
21085	A		Prepare face/oral prosthesis	9.00	6.27	4.71	9.62	5.21	0.70	15.97	19.32	14.41	14.91	010						010
21086	A		Prepare face/oral prosthesis	24.92	18.53	13.64	29.99	16.09	1.96	45.41	56.87	40.52	42.97	090						090
21087	A		Prepare face/oral prosthesis	24.92	17.35	13.05	26.65	14.42	1.96	44.23	53.53	39.93	41.30	090						090
21088	C		Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090						090
21089	C		Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090						090
21100	A		Maxillofacial fixation	4.22	6.02	3.45	2.37	1.73	0.09	10.33	6.68	7.76	6.04	090						090
21110	A		Interdental fixation	5.21	5.07	3.94	5.77	3.24	0.36	10.64	11.34	9.51	8.81	090						090
21116	A		Injection, jaw joint x-ray	0.81	7.55	0.25	2.48	0.66	0.05	8.41	3.34	1.11	1.52	000						000
21120	A		Reconstruction of chin	4.93	8.74	6.48	5.11	4.55	0.33	14.00	10.37	11.74	9.81	090						090
21121	A		Reconstruction of chin	7.64	7.05	6.61	6.36	6.25	0.52	15.21	14.52	14.77	14.41	090						090
21122	A		Reconstruction of chin	8.52	NA	8.32	7.15	7.15	0.57	NA	NA	17.41	16.24	090						090
21123	A		Reconstruction of chin	11.16	NA	8.12	8.65	8.65	0.74	NA	NA	20.02	20.55	090						090
21125	A		Augmentation lower jaw bone	10.62	9.68	8.32	6.26	5.92	0.42	20.72	17.30	19.36	16.96	090						090
21127	A		Augmentation lower jaw bone	11.12	8.72	9.39	8.62	8.78	0.72	20.56	20.46	21.23	20.62	090						090
21137	A		Reduction of forehead	9.82	NA	7.43	7.65	7.65	0.65	NA	NA	17.90	18.12	090						090
21138	A		Reduction of forehead	12.19	NA	8.65	9.38	9.38	0.81	NA	NA	21.65	22.38	090						090
21139	A		Reduction of forehead	14.61	NA	8.03	10.67	10.67	0.98	NA	NA	23.62	26.26	090						090
21141	A		Reconstruct midface, left	18.10	NA	10.91	14.40	14.40	1.31	NA	NA	30.32	33.81	090						090
21142	A		Reconstruct midface, left	18.81	NA	11.59	14.98	14.98	1.36	NA	NA	31.76	35.15	090						090
21143	A		Reconstruct midface, left	19.58	NA	11.93	15.52	15.52	1.42	NA	NA	32.93	36.52	090						090

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Facility		Transitioned <sup>1</sup>		Non-facility		Facility		Transitioned <sup>1</sup>		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
21145	A		Reconstruct midface, left	19.94	NA	NA	12.39	14.77	1.31	1.31	NA	NA	33.64	36.02	NA	NA	090
21146	A		Reconstruct midface, left	20.71	NA	NA	12.87	15.30	1.36	1.36	NA	NA	34.94	37.37	NA	NA	090
21147	A		Reconstruct midface, left	21.77	NA	NA	13.52	15.91	1.42	1.42	NA	NA	36.71	39.10	NA	NA	090
21150	A		Reconstruct midface, left	25.24	NA	NA	18.20	19.57	1.70	1.70	NA	NA	45.14	46.51	NA	NA	090
21151	A		Reconstruct midface, left	28.30	NA	NA	17.38	21.18	1.89	1.89	NA	NA	47.57	51.37	NA	NA	090
21154	A		Reconstruct midface, left	30.52	NA	NA	21.32	23.36	2.03	2.03	NA	NA	53.87	55.91	NA	NA	090
21155	A		Reconstruct midface, left	34.45	NA	NA	20.56	25.58	2.30	2.30	NA	NA	57.31	62.33	NA	NA	090
21159	A		Reconstruct midface, left	42.38	NA	NA	27.20	32.05	2.84	2.84	NA	NA	72.42	77.27	NA	NA	090
21160	A		Reconstruct midface, left	46.44	NA	NA	24.27	33.71	3.11	3.11	NA	NA	73.82	83.26	NA	NA	090
21172	A		Reconstruct orbit/forehead	27.80	NA	NA	17.94	21.01	1.85	1.85	NA	NA	47.59	50.66	NA	NA	090
21175	A		Reconstruct orbit/forehead	33.17	NA	NA	23.85	25.80	2.23	2.23	NA	NA	59.25	61.20	NA	NA	090
21179	A		Reconstruct entire forehead	22.25	NA	NA	18.42	17.82	1.49	1.49	NA	NA	42.16	41.56	NA	NA	090
21180	A		Reconstruct entire forehead	25.19	NA	NA	18.29	19.60	1.70	1.70	NA	NA	45.18	46.49	NA	NA	090
21181	A		Contour cranial bone lesion	9.90	NA	NA	7.72	7.72	0.65	0.65	NA	NA	18.27	18.27	NA	NA	090
21182	A		Reconstruct cranial bone	32.19	NA	NA	26.56	25.87	2.17	2.17	NA	NA	60.92	60.23	NA	NA	090
21183	A		Reconstruct cranial bone	35.31	NA	NA	26.47	27.66	2.37	2.37	NA	NA	64.15	65.34	NA	NA	090
21184	A		Reconstruct cranial bone	38.24	NA	NA	26.95	29.58	2.57	2.57	NA	NA	67.76	70.39	NA	NA	090
21188	A		Reconstruction of midface	22.46	NA	NA	17.19	17.51	1.49	1.49	NA	NA	41.14	41.46	NA	NA	090
21193	A		Reconstruct lower jaw bone	17.15	NA	NA	11.29	12.84	1.13	1.13	NA	NA	29.57	31.12	NA	NA	090
21194	A		Reconstruct lower jaw bone	19.84	NA	NA	14.66	15.28	1.31	1.31	NA	NA	35.81	36.43	NA	NA	090
21195	A		Reconstruct lower jaw bone	17.24	NA	NA	12.83	13.25	1.13	1.13	NA	NA	31.20	31.62	NA	NA	090
21196	A		Reconstruct lower jaw bone	18.91	NA	NA	13.98	14.57	1.24	1.24	NA	NA	34.13	34.72	NA	NA	090
21198	A		Reconstruct lower jaw bone	14.16	NA	NA	11.56	14.95	1.36	1.36	NA	NA	27.08	30.47	NA	NA	090
21206	A		Reconstruct upper jaw bone	14.10	NA	NA	10.81	10.95	0.93	0.93	NA	NA	25.84	25.98	NA	NA	090
21208	A		Augmentation of facial bones	10.23	8.15	11.20	9.57	11.55	0.84	0.84	19.22	22.27	20.64	22.62	NA	NA	090
21209	A		Reduction of facial bones	6.72	6.88	5.46	6.63	5.39	0.59	0.59	14.19	12.77	13.94	12.70	NA	NA	090
21210	A		Face bone graft	10.23	8.14	11.19	8.41	6.69	1.01	1.01	19.38	22.43	19.65	17.93	NA	NA	090
21215	A		Lower jaw bone graft	10.77	8.15	11.68	7.52	6.70	1.11	1.11	20.03	23.56	19.40	18.58	NA	NA	090
21230	A		Rib cartilage graft	10.77	NA	NA	10.22	10.99	1.32	1.32	NA	NA	22.31	23.08	NA	NA	090
21235	A		Ear cartilage graft	6.72	10.30	8.59	8.47	8.13	0.85	0.85	17.87	16.16	16.04	15.70	NA	NA	090
21240	A		Reconstruction of jaw joint	14.05	NA	NA	10.91	15.31	1.64	1.64	NA	NA	26.60	31.00	NA	NA	090
21242	A		Reconstruction of jaw joint	12.95	NA	NA	10.39	14.19	1.76	1.76	NA	NA	25.10	28.90	NA	NA	090
21243	A		Reconstruction of jaw joint	20.79	NA	NA	13.32	15.05	1.31	1.31	NA	NA	35.42	37.15	NA	NA	090
21244	A		Reconstruction of lower jaw	11.86	NA	NA	10.27	13.19	1.51	1.51	NA	NA	23.64	26.56	NA	NA	090
21245	A		Reconstruction of jaw	11.86	10.81	12.04	11.09	12.11	1.02	1.02	23.69	24.92	23.97	24.99	NA	NA	090
21246	A		Reconstruction of jaw	12.47	9.17	9.48	11.96	10.18	0.81	0.81	22.45	22.76	25.24	23.46	NA	NA	090
21247	A		Reconstruct lower jaw bone	22.63	NA	NA	14.83	23.97	1.78	1.78	NA	NA	39.24	48.38	NA	NA	090
21248	A		Reconstruct lower jaw bone	11.48	8.36	12.37	8.10	7.17	1.37	1.37	21.21	25.22	20.95	20.02	NA	NA	090
21249	A		Reconstruction of jaw	17.52	10.77	18.38	10.71	10.52	2.57	2.57	30.86	38.47	30.80	30.61	NA	NA	090
21255	A		Reconstruct lower jaw bone	16.72	NA	NA	13.95	18.46	1.31	1.31	NA	NA	31.98	36.49	NA	NA	090

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CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup>			Non-facility			Transitioned Facility			Mal-practice			Non-facility			Transitioned Non-facility			Facility			Transitioned Facility			Global	
				RVUs	practice expense	RVUs	practice expense	RVUs	practice expense	RVUs	practice expense	RVUs	practice expense	RVUs	Total	RVUs	practice expense	RVUs	Total	RVUs	practice expense	RVUs	Total	RVUs	Total	RVUs	Total		
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z				
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6																								

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## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned		Transitioned		Mal- practice		Non- facility		Transitioned		Facility		Global
					practice expense RVUs	RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs					
21395	A		Repair eye socket fracture	12.68	NA	NA	12.11	10.87	1.07	NA	NA	25.86	24.62	090	090	090	090	090	090
21400	A		Treat eye socket fracture	1.40	4.34	2.44	0.79	1.45	0.13	5.87	3.97	2.32	2.98	090	090	090	090	090	090
21401	A		Repair eye socket fracture	3.26	4.21	3.15	2.30	2.68	0.25	7.72	6.66	5.81	6.19	090	090	090	090	090	090
21406	A		Repair eye socket fracture	7.01	NA	NA	7.89	6.21	0.58	NA	NA	15.48	13.80	090	090	090	090	090	090
21407	A		Repair eye socket fracture	8.61	NA	NA	9.34	8.10	0.61	NA	NA	18.56	17.32	090	090	090	090	090	090
21408	A		Repair eye socket fracture	12.38	NA	NA	10.69	9.58	0.77	NA	NA	23.84	22.73	090	090	090	090	090	090
21421	A		Treat mouth roof fracture	5.14	6.64	6.66	5.88	6.07	0.49	12.27	12.29	11.51	11.70	090	090	090	090	090	090
21422	A		Repair mouth roof fracture	8.32	NA	NA	8.21	9.50	0.93	NA	NA	17.46	18.75	090	090	090	090	090	090
21423	A		Repair mouth roof fracture	10.40	NA	NA	8.72	10.16	0.93	NA	NA	20.05	21.49	090	090	090	090	090	090
21431	A		Treat craniofacial fracture	7.05	NA	NA	7.43	6.76	0.56	NA	NA	15.04	14.37	090	090	090	090	090	090
21432	A		Repair craniofacial fracture	8.61	NA	NA	6.46	7.12	0.66	NA	NA	15.73	16.39	090	090	090	090	090	090
21433	A		Repair craniofacial fracture	25.35	NA	NA	19.12	19.40	1.64	NA	NA	46.11	46.39	090	090	090	090	090	090
21435	A		Repair craniofacial fracture	17.25	NA	NA	13.66	14.20	1.47	NA	NA	32.38	32.92	090	090	090	090	090	090
21436	A		Repair craniofacial fracture	28.04	NA	NA	17.80	16.38	1.63	NA	NA	47.47	46.05	090	090	090	090	090	090
21440	A		Repair dental ridge fracture	2.70	4.93	3.73	4.11	3.44	0.22	7.85	6.65	7.03	6.36	090	090	090	090	090	090
21445	A		Repair dental ridge fracture	5.38	6.04	6.48	5.38	6.16	0.44	11.86	12.30	11.20	11.98	090	090	090	090	090	090
21450	A		Treat lower jaw fracture	2.97	4.79	3.51	4.22	3.37	0.20	7.96	6.68	7.39	6.54	090	090	090	090	090	090
21451	A		Treat lower jaw fracture	4.87	5.81	6.20	5.25	5.68	0.58	11.26	11.65	10.70	11.13	090	090	090	090	090	090
21452	A		Treat lower jaw fracture	1.98	7.45	3.00	4.48	2.25	0.13	9.56	5.11	6.59	4.36	090	090	090	090	090	090
21453	A		Treat lower jaw fracture	5.54	6.59	7.06	6.33	6.54	0.43	12.56	13.03	12.30	12.51	090	090	090	090	090	090
21454	A		Treat lower jaw fracture	6.46	NA	NA	6.35	7.38	1.11	NA	NA	13.92	14.95	090	090	090	090	090	090
21461	A		Repair lower jaw fracture	8.09	7.86	9.21	8.08	9.27	1.02	16.97	18.32	17.19	18.38	090	090	090	090	090	090
21462	A		Repair lower jaw fracture	9.79	9.10	11.04	8.66	10.93	1.05	19.94	21.88	19.50	21.77	090	090	090	090	090	090
21465	A		Repair lower jaw fracture	11.91	NA	NA	8.59	9.02	0.77	NA	NA	21.27	21.70	090	090	090	090	090	090
21470	A		Repair lower jaw fracture	15.34	NA	NA	10.74	16.42	1.36	NA	NA	27.44	33.12	090	090	090	090	090	090
21480	A		Reset dislocated jaw	0.61	1.99	1.14	0.18	0.59	0.07	2.67	1.82	0.86	1.27	000	000	000	000	000	000
21485	A		Reset dislocated jaw	3.99	3.89	2.76	2.61	1.55	0.16	8.04	6.91	6.76	5.70	090	090	090	090	090	090
21490	A		Repair dislocated jaw	11.86	NA	NA	8.03	7.15	0.41	NA	NA	20.30	19.42	090	090	090	090	090	090
21493	A		Treat hyoid bone fracture	1.27	0.48	1.36	2.42	1.75	0.10	1.85	2.73	3.79	3.12	090	090	090	090	090	090
21494	A		Repair hyoid bone fracture	6.28	2.38	6.72	4.31	7.20	0.49	9.15	13.49	11.08	13.97	090	090	090	090	090	090
21495	A		Repair hyoid bone fracture	5.69	NA	NA	5.69	5.35	0.40	NA	NA	11.78	11.44	090	090	090	090	090	090
21497	A		Interdental wiring	3.86	4.51	4.36	3.89	4.21	0.30	8.67	8.52	8.05	8.37	090	090	090	090	090	090
21499	C		Head surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	YYY	YYY	YYY	YYY	YYY
21501	A		Drain neck/chest lesion	3.81	3.55	2.37	2.81	2.19	0.20	7.56	6.38	6.82	6.20	090	090	090	090	090	090
21502	A		Drain chest lesion	7.12	NA	NA	11.62	6.34	0.59	NA	NA	19.33	14.05	090	090	090	090	090	090
21510	A		Drainage of bone lesion	5.74	NA	NA	9.38	5.46	0.39	NA	NA	15.51	11.59	090	090	090	090	090	090
21550	A		Biopsy of neck/chest	2.06	1.90	1.17	1.14	0.63	0.09	4.05	3.32	3.29	2.78	010	010	010	010	010	010
21555	A		Remove lesion neck/chest	4.35	3.71	2.23	2.36	1.90	0.20	8.26	6.78	6.91	6.45	090	090	090	090	090	090
21556	A		Remove lesion neck/chest	5.57	NA	NA	3.12	3.87	0.50	NA	NA	9.19	9.94	090	090	090	090	090	090
21557	A		Remove tumor, neck or chest	8.88	NA	NA	11.24	9.73	1.10	NA	NA	21.22	19.71	090	090	090	090	090	090

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
21600	A		Partial removal of rib	6.89	NA	NA	NA	9.75	6.10	0.69	NA	NA	NA	NA	17.33	13.68	0.90	0.90	0.90	0.90	
21610	A		Partial removal of rib	14.61	NA	NA	NA	10.03	6.72	0.59	NA	NA	NA	NA	25.23	21.92	0.90	0.90	0.90	0.90	
21615	A		Removal of rib	9.87	NA	NA	NA	9.09	10.52	1.53	NA	NA	NA	NA	20.49	21.92	0.90	0.90	0.90	0.90	
21616	A		Removal of rib and nerves	12.04	NA	NA	NA	11.64	8.82	1.17	NA	NA	NA	NA	24.85	22.03	0.90	0.90	0.90	0.90	
21620	A		Partial removal of sternum	6.79	NA	NA	NA	8.88	7.79	0.96	NA	NA	NA	NA	16.63	15.54	0.90	0.90	0.90	0.90	
21627	A		Sternal debridement	6.81	NA	NA	NA	15.32	7.93	0.70	NA	NA	NA	NA	22.83	15.44	0.90	0.90	0.90	0.90	
21630	A		Extensive sternum surgery	17.38	NA	NA	NA	16.91	14.72	1.88	NA	NA	NA	NA	36.17	33.98	0.90	0.90	0.90	0.90	
21632	A		Extensive sternum surgery	18.14	NA	NA	NA	13.63	12.80	1.74	NA	NA	NA	NA	33.51	32.68	0.90	0.90	0.90	0.90	
21700	A		Revision of neck muscle	6.19	6.03	4.89	4.77	4.77	4.58	0.39	12.61	11.47	11.35	11.16	11.35	11.16	0.90	0.90	0.90	0.90	
21705	A		Revision of neck muscle/rib	9.60	NA	NA	NA	12.33	7.03	0.75	NA	NA	NA	NA	22.68	17.38	0.90	0.90	0.90	0.90	
21720	A		Revision of neck muscle	5.68	7.10	4.90	4.90	5.36	4.47	0.41	13.19	10.99	11.45	10.56	11.45	10.56	0.90	0.90	0.90	0.90	
21725	A		Revision of neck muscle	6.99	NA	NA	NA	5.91	5.42	0.58	NA	NA	NA	NA	13.48	12.99	0.90	0.90	0.90	0.90	
21740	A		Reconstruction of sternum	16.50	NA	NA	NA	15.12	11.10	1.28	NA	NA	NA	NA	32.90	28.88	0.90	0.90	0.90	0.90	
21750	A		Repair of sternum separation	10.77	NA	NA	NA	10.71	8.64	1.12	NA	NA	NA	NA	22.60	20.53	0.90	0.90	0.90	0.90	
21800	A		Treatment of rib fracture	0.96	1.52	1.01	0.82	0.82	0.84	0.05	2.53	2.02	1.83	1.85	1.83	1.85	0.90	0.90	0.90	0.90	
21805	A		Treatment of rib fracture	2.75	NA	NA	NA	3.24	1.91	0.13	NA	NA	NA	NA	6.12	4.79	0.90	0.90	0.90	0.90	
21810	A		Treatment of rib fracture(s)	6.86	NA	NA	NA	9.28	8.28	0.48	NA	NA	NA	NA	16.62	15.62	0.90	0.90	0.90	0.90	
21820	A		Treat sternum fracture	1.28	1.89	1.58	1.17	1.17	1.40	0.13	3.30	2.99	2.58	2.81	2.58	2.81	0.90	0.90	0.90	0.90	
21825	A		Repair sternum fracture	7.41	NA	NA	NA	8.28	7.69	0.88	NA	NA	NA	NA	16.57	15.98	0.90	0.90	0.90	0.90	
21899	C		Neck/chest surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
21920	A		Biopsy soft tissue of back	2.06	1.94	1.13	0.76	0.76	0.51	0.09	4.09	3.28	2.91	2.66	2.91	2.66	0.10	0.10	0.10	0.10	
21925	A		Biopsy soft tissue of back	4.49	8.38	3.69	3.62	3.62	2.50	0.25	13.12	8.43	8.36	7.24	8.36	7.24	0.90	0.90	0.90	0.90	
21930	A		Remove lesion, back or flank	5.00	3.97	3.21	2.52	2.52	2.84	0.38	9.35	8.59	7.90	8.22	7.90	8.22	0.90	0.90	0.90	0.90	
21935	A		Remove tumor of back	17.96	NA	NA	NA	11.38	8.21	1.02	NA	NA	NA	NA	30.36	27.19	0.90	0.90	0.90	0.90	
22100	A		Remove part of neck vertebra	9.73	NA	NA	NA	7.84	8.18	0.85	NA	NA	NA	NA	18.42	18.76	0.90	0.90	0.90	0.90	
22101	A		Remove part, thorax vertebra	9.81	NA	NA	NA	8.00	8.52	1.08	NA	NA	NA	NA	18.89	19.41	0.90	0.90	0.90	0.90	
22102	A		Remove part, lumbar vertebra	9.81	NA	NA	NA	7.86	5.63	0.52	NA	NA	NA	NA	18.19	15.96	0.90	0.90	0.90	0.90	
22103	A		Remove extra spine segment	2.34	NA	NA	NA	1.43	2.17	0.29	NA	NA	NA	NA	4.06	4.80	0.90	0.90	0.90	0.90	
22110	A		Remove part of neck vertebra	12.74	NA	NA	NA	10.08	10.43	1.28	NA	NA	NA	NA	24.10	24.45	0.90	0.90	0.90	0.90	
22112	A		Remove part, thorax vertebra	12.81	NA	NA	NA	10.24	10.62	1.28	NA	NA	NA	NA	24.33	24.71	0.90	0.90	0.90	0.90	
22114	A		Remove part, lumbar vertebra	12.81	NA	NA	NA	11.28	8.72	0.92	NA	NA	NA	NA	25.01	22.45	0.90	0.90	0.90	0.90	
22116	A		Remove extra spine segment	2.32	NA	NA	NA	1.40	2.15	0.28	NA	NA	NA	NA	4.00	4.75	0.90	0.90	0.90	0.90	
22210	A		Revision of neck spine	23.82	NA	NA	NA	16.18	15.30	1.90	NA	NA	NA	NA	41.90	41.02	0.90	0.90	0.90	0.90	
22212	A		Revision of thorax spine	19.42	NA	NA	NA	14.23	17.63	2.21	NA	NA	NA	NA	35.86	39.26	0.90	0.90	0.90	0.90	
22214	A		Revision of lumbar spine	19.45	NA	NA	NA	14.47	15.92	2.10	NA	NA	NA	NA	36.02	37.47	0.90	0.90	0.90	0.90	
22216	A		Revise, extra spine segment	6.04	NA	NA	NA	3.34	4.96	0.70	NA	NA	NA	NA	10.08	11.70	0.90	0.90	0.90	0.90	
22220	A		Revision of neck spine	21.37	NA	NA	NA	14.67	17.21	2.06	NA	NA	NA	NA	38.10	40.64	0.90	0.90	0.90	0.90	
22222	A		Revision of thorax spine	21.52	NA	NA	NA	10.37	13.67	1.24	NA	NA	NA	NA	33.13	36.43	0.90	0.90	0.90	0.90	
22224	A		Revision of lumbar spine	21.52	NA	NA	NA	15.13	15.73	2.08	NA	NA	NA	NA	38.73	39.33	0.90	0.90	0.90	0.90	
22226	A		Revise, extra spine segment	6.04	NA	NA	NA	3.38	4.97	0.70	NA	NA	NA	NA	10.12	11.71	0.90	0.90	0.90	0.90	

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3 \*Indicates RVUs are not used for Medicare payment.



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup>			Non-facility			Facility			Transitioned Non-facility			Transitioned Facility			Global
				RVUs	expense	RVUs	practice	expense	RVUs	practice	expense	RVUs	practice	expense	RVUs	practice	expense	RVUs	
22305	A		Treat spine process fracture	2.05	2.42	2.44	2.42	3.53	NA	1.74	2.27	0.29	4.76	4.78	4.08	4.61	0.90	0.90	0.90
22310	A		Treat spine fracture	2.61	3.53	2.93	3.11	2.83	0.54	6.68	6.08	6.26	5.98	0.90	0.90	0.90	0.90	0.90	0.90
22315	A		Treat spine fracture	8.84	NA	NA	8.17	6.53	0.67	NA	NA	NA	NA	NA	NA	16.04	0.90	0.90	0.90
22325	A		Repair of spine fracture	18.30	NA	NA	13.51	10.15	1.05	NA	NA	32.86	29.50	0.90	0.90	0.90	0.90	0.90	0.90
22326	A		Repair neck spine fracture	19.59	NA	NA	14.52	16.60	2.14	NA	NA	36.25	38.33	0.90	0.90	0.90	0.90	0.90	0.90
22327	A		Repair thorax spine fracture	19.20	NA	NA	13.99	16.48	1.84	NA	NA	35.03	37.52	0.90	0.90	0.90	0.90	0.90	0.90
22328	A		Repair each add spine fx	4.61	NA	NA	2.55	4.22	0.56	NA	NA	7.72	9.39	0.90	0.90	0.90	0.90	0.90	0.90
22505	A		Manipulation of spine	1.87	2.74	1.75	1.87	1.53	0.13	4.74	3.75	3.87	3.53	0.10	0.10	0.10	0.10	0.10	0.10
22548	A		Neck spine fusion	25.82	NA	NA	17.43	22.87	2.99	NA	NA	46.24	51.68	0.90	0.90	0.90	0.90	0.90	0.90
22554	A		Neck spine fusion	18.62	NA	NA	13.12	19.41	2.75	NA	NA	34.49	40.78	0.90	0.90	0.90	0.90	0.90	0.90
22556	A		Thorax spine fusion	23.46	NA	NA	16.06	21.66	2.80	NA	NA	42.32	47.92	0.90	0.90	0.90	0.90	0.90	0.90
22558	A		Lumbar spine fusion	22.28	NA	NA	14.95	20.16	2.64	NA	NA	39.87	45.08	0.90	0.90	0.90	0.90	0.90	0.90
22585	A		Additional spinal fusion	5.53	NA	NA	3.06	5.16	0.73	NA	NA	9.32	11.42	0.90	0.90	0.90	0.90	0.90	0.90
22590	A		Spine & skull spinal fusion	20.51	NA	NA	14.63	21.22	2.69	NA	NA	37.83	44.42	0.90	0.90	0.90	0.90	0.90	0.90
22595	A		Neck spinal fusion	19.39	NA	NA	13.80	20.81	3.03	NA	NA	36.22	43.23	0.90	0.90	0.90	0.90	0.90	0.90
22600	A		Neck spine fusion	16.14	NA	NA	12.08	17.47	2.60	NA	NA	30.82	36.21	0.90	0.90	0.90	0.90	0.90	0.90
22610	A		Thorax spine fusion	16.02	NA	NA	12.37	17.43	2.15	NA	NA	30.54	35.60	0.90	0.90	0.90	0.90	0.90	0.90
22612	A		Lumbar spine fusion	21.00	NA	NA	15.04	20.53	2.61	NA	NA	38.65	44.14	0.90	0.90	0.90	0.90	0.90	0.90
22614	A		Spine fusion, extra segment	6.44	NA	NA	3.56	5.49	0.72	NA	NA	10.72	12.65	0.90	0.90	0.90	0.90	0.90	0.90
22630	A		Lumbar spine fusion	20.84	NA	NA	15.38	18.85	2.46	NA	NA	38.68	42.15	0.90	0.90	0.90	0.90	0.90	0.90
22632	A		Spine fusion, extra segment	5.23	NA	NA	2.91	4.79	0.64	NA	NA	8.78	10.66	0.90	0.90	0.90	0.90	0.90	0.90
22800	A		Fusion of spine	18.25	NA	NA	13.60	19.74	2.80	NA	NA	34.65	40.79	0.90	0.90	0.90	0.90	0.90	0.90
22802	A		Fusion of spine	30.88	NA	NA	20.85	28.26	3.61	NA	NA	55.34	62.75	0.90	0.90	0.90	0.90	0.90	0.90
22804	A		Fusion of spine	36.27	NA	NA	23.60	28.95	3.61	NA	NA	63.48	68.83	0.90	0.90	0.90	0.90	0.90	0.90
22808	A		Fusion of spine	26.27	NA	NA	17.93	19.47	2.46	NA	NA	46.66	48.20	0.90	0.90	0.90	0.90	0.90	0.90
22810	A		Fusion of spine	30.27	NA	NA	19.58	19.88	2.46	NA	NA	52.31	52.61	0.90	0.90	0.90	0.90	0.90	0.90
22812	A		Fusion of spine	32.70	NA	NA	20.64	26.27	3.32	NA	NA	56.66	62.29	0.90	0.90	0.90	0.90	0.90	0.90
22818	A		Kyphectomy, 1-2 segments	31.83	NA	NA	18.54	27.63	3.79	NA	NA	54.16	63.25	0.90	0.90	0.90	0.90	0.90	0.90
22819	A		Kyphectomy, 3 & more segment	36.44	NA	NA	20.66	28.16	3.79	NA	NA	60.89	68.39	0.90	0.90	0.90	0.90	0.90	0.90
22830	A		Exploration of spinal fusion	10.85	NA	NA	9.32	12.05	1.71	NA	NA	21.88	24.61	0.90	0.90	0.90	0.90	0.90	0.90
22840	A		Insert spine fixation device	12.54	NA	NA	7.90	6.84	0.77	NA	NA	21.21	20.15	0.90	0.90	0.90	0.90	0.90	0.90
22841	B		Insert spine fixation device	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22842	A		Insert spine fixation device	12.58	NA	NA	7.19	7.38	0.88	NA	NA	20.65	20.84	0.90	0.90	0.90	0.90	0.90	0.90
22843	A		Insert spine fixation device	13.46	NA	NA	8.47	9.08	1.10	NA	NA	23.03	23.64	0.90	0.90	0.90	0.90	0.90	0.90
22844	A		Insert spine fixation device	16.44	NA	NA	10.22	11.06	1.34	NA	NA	28.00	28.84	0.90	0.90	0.90	0.90	0.90	0.90
22845	A		Insert spine fixation device	11.96	NA	NA	7.56	6.53	0.73	NA	NA	20.25	19.22	0.90	0.90	0.90	0.90	0.90	0.90
22846	A		Insert spine fixation device	12.42	NA	NA	7.82	8.38	1.01	NA	NA	21.25	21.81	0.90	0.90	0.90	0.90	0.90	0.90
22847	A		Insert spine fixation device	13.80	NA	NA	8.53	9.27	1.13	NA	NA	23.46	24.20	0.90	0.90	0.90	0.90	0.90	0.90
22848	A		Insert pelvic fixationdevice	6.00	NA	NA	4.58	5.80	0.74	NA	NA	11.32	12.54	0.90	0.90	0.90	0.90	0.90	0.90
22849	A		Reinsert spinal fixation	18.51	NA	NA	13.21	12.87	1.54	NA	NA	33.26	32.92	0.90	0.90	0.90	0.90	0.90	0.90

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup>			Non-facility			Facility			Transitioned			Mal-practice			Non-facility			Facility			Transitioned			Global
				RVUs	expense	RVUs	RVUs	practice	expense	RVUs	RVUs	practice	expense	RVUs	RVUs	practice	RVUs	RVUs	practice	RVUs	RVUs	practice	RVUs	RVUs	practice	RVUs	RVUs	
22850	A		Remove spine fixation device	9.52	NA	NA	NA	NA	8.08	9.48	1.17	NA	NA	NA	1.17	9.48	1.17	NA	NA	NA	18.77	20.17	0.90					
22851	A		Apply spine prosth device	6.71	NA	NA	NA	NA	4.80	6.41	0.82	NA	NA	NA	0.82	6.41	0.82	NA	NA	NA	12.33	13.94	0.90					
22852	A		Remove spine fixation device	9.01	NA	NA	NA	NA	7.91	9.96	1.23	NA	NA	NA	1.23	9.96	1.23	NA	NA	NA	18.15	20.20	0.90					
22855	A		Remove spine fixation device	15.13	NA	NA	NA	NA	10.95	8.81	0.98	NA	NA	NA	0.98	8.81	0.98	NA	NA	NA	27.06	24.92	0.90					
22899	C		Spine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
22900	A		Remove abdominal wall lesion	5.80	NA	NA	NA	NA	4.14	3.50	0.47	NA	NA	NA	0.47	3.50	0.47	NA	NA	NA	10.41	9.77	0.90					
22999	C		Abdomen surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
23000	A		Removal of calcium deposits	4.36	6.05	6.05	4.15	5.58	8.79	8.12	4.04	0.37	NA	NA	0.37	4.04	0.37	NA	NA	NA	10.31	8.77	0.90					
23020	A		Release shoulder joint	8.93	NA	NA	NA	NA	8.79	8.12	0.85	NA	NA	NA	0.85	8.12	0.85	NA	NA	NA	18.57	17.90	0.90					
23030	A		Drain shoulder lesion	3.43	4.06	4.06	2.77	3.54	3.54	2.64	1.05	0.04	NA	NA	0.04	2.64	0.27	7.76	6.47	7.24	6.34	6.34	0.10					
23031	A		Drain shoulder bursa	2.74	4.07	4.07	1.42	3.40	3.40	1.05	0.04	0.81	NA	NA	0.81	1.05	0.04	6.85	4.20	6.18	3.83	3.83	0.10					
23035	A		Drain shoulder bone lesion	8.61	NA	NA	NA	NA	13.01	8.32	0.81	NA	NA	NA	0.81	8.32	0.81	NA	NA	NA	22.43	17.74	0.90					
23040	A		Exploratory shoulder surgery	9.20	NA	NA	NA	NA	10.05	10.06	1.15	NA	NA	NA	1.15	10.06	1.15	NA	NA	NA	20.40	20.41	0.90					
23044	A		Exploratory shoulder surgery	7.12	NA	NA	NA	NA	8.56	7.77	0.92	NA	NA	NA	0.92	7.77	0.92	NA	NA	NA	16.60	15.81	0.90					
23065	A		Biopsy shoulder tissues	2.27	2.19	2.19	1.09	1.26	1.26	0.86	0.07	4.53	NA	NA	0.07	0.86	0.07	4.53	3.43	3.60	3.20	3.20	0.10					
23066	A		Biopsy shoulder tissues	4.16	5.36	5.36	2.30	4.70	4.70	2.14	0.08	9.60	NA	NA	0.08	2.14	0.08	9.60	6.54	8.94	6.38	6.38	0.90					
23075	A		Removal of shoulder lesion	2.39	3.50	3.50	2.24	2.43	2.43	1.97	0.23	6.12	NA	NA	0.23	1.97	0.23	6.12	4.86	5.05	4.59	4.59	0.10					
23076	A		Removal of shoulder lesion	7.63	NA	NA	NA	NA	6.41	4.48	0.51	NA	NA	NA	0.51	4.48	0.51	NA	NA	NA	14.55	12.62	0.90					
23077	A		Remove tumor of shoulder	16.09	NA	NA	NA	NA	11.71	8.94	1.08	NA	NA	NA	1.08	8.94	1.08	NA	NA	NA	28.88	26.11	0.90					
23100	A		Biopsy of shoulder joint	6.03	NA	NA	NA	NA	7.24	7.21	0.97	NA	NA	NA	0.97	7.21	0.97	NA	NA	NA	14.24	14.21	0.90					
23101	A		Shoulder joint surgery	5.58	NA	NA	NA	NA	6.80	6.70	0.95	NA	NA	NA	0.95	6.70	0.95	NA	NA	NA	13.33	13.23	0.90					
23105	A		Remove shoulder joint lining	8.23	NA	NA	NA	NA	8.41	9.47	1.35	NA	NA	NA	1.35	9.47	1.35	NA	NA	NA	17.99	19.05	0.90					
23106	A		Incision of collarbone joint	5.96	NA	NA	NA	NA	6.80	5.56	0.63	NA	NA	NA	0.63	5.56	0.63	NA	NA	NA	13.39	12.15	0.90					
23107	A		Explore,treat shoulder joint	8.62	NA	NA	NA	NA	8.76	9.91	1.25	NA	NA	NA	1.25	9.91	1.25	NA	NA	NA	18.63	19.78	0.90					
23120	A		Partial removal, collar bone	7.11	NA	NA	NA	NA	8.06	5.77	0.58	NA	NA	NA	0.58	5.77	0.58	NA	NA	NA	15.75	13.46	0.90					
23125	A		Removal of collarbone	9.39	NA	NA	NA	NA	8.62	9.06	0.99	NA	NA	NA	0.99	9.06	0.99	NA	NA	NA	19.00	19.44	0.90					
23130	A		Partial removal,shoulderbone	7.55	NA	NA	NA	NA	8.33	7.82	0.89	NA	NA	NA	0.89	7.82	0.89	NA	NA	NA	16.77	16.26	0.90					
23140	A		Removal of bone lesion	6.89	NA	NA	NA	NA	6.33	4.97	0.57	NA	NA	NA	0.57	4.97	0.57	NA	NA	NA	13.79	12.43	0.90					
23145	A		Removal of bone lesion	9.09	NA	NA	NA	NA	8.90	8.84	1.04	NA	NA	NA	1.04	8.84	1.04	NA	NA	NA	19.03	18.97	0.90					
23146	A		Removal of bone lesion	7.83	NA	NA	NA	NA	8.47	6.38	0.79	NA	NA	NA	0.79	6.38	0.79	NA	NA	NA	17.09	15.00	0.90					
23150	A		Removal of humerus lesion	8.48	NA	NA	NA	NA	8.07	7.43	0.79	NA	NA	NA	0.79	7.43	0.79	NA	NA	NA	17.34	16.70	0.90					
23155	A		Removal of humerus lesion	10.35	NA	NA	NA	NA	9.93	9.65	1.07	NA	NA	NA	1.07	9.65	1.07	NA	NA	NA	21.35	21.07	0.90					
23156	A		Removal of humerus lesion	8.68	NA	NA	NA	NA	8.44	8.33	0.98	NA	NA	NA	0.98	8.33	0.98	NA	NA	NA	18.10	17.99	0.90					
23170	A		Remove collarbone lesion	6.86	NA	NA	NA	NA	7.89	5.89	0.61	NA	NA	NA	0.61	5.89	0.61	NA	NA	NA	15.36	13.36	0.90					
23172	A		Remove shoulder blade lesion	6.90	NA	NA	NA	NA	8.31	6.28	0.57	NA	NA	NA	0.57	6.28	0.57	NA	NA	NA	15.78	13.75	0.90					
23174	A		Remove humerus lesion	9.51	NA	NA	NA	NA	10.64	9.62	0.95	NA	NA	NA	0.95	9.62	0.95	NA	NA	NA	21.10	20.08	0.90					
23180	A		Remove collar bone lesion	8.53	NA	NA	NA	NA	12.80	6.70	0.52	NA	NA	NA	0.52	6.70	0.52	NA	NA	NA	21.85	15.75	0.90					
23182	A		Remove shoulder blade lesion	8.15	NA	NA	NA	NA	12.58	8.49	0.88	NA	NA	NA	0.88	8.49	0.88	NA	NA	NA	21.61	17.52	0.90					
23184	A		Remove humerus lesion	9.38	NA	NA	NA	NA	13.68	10.61	1.16	NA	NA	NA	1.16	10.61	1.16	NA	NA	NA	24.22	21.15	0.90					
23190	A		Partial removal of scapula	7.24	NA	NA	NA	NA	7.06	6.71	0.77	NA	NA	NA	0.77	6.71	0.77	NA	NA	NA	15.07	14.72	0.90					

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Facility		Transitioned <sup>1</sup>		Non-facility		Facility		Transitioned <sup>1</sup>		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
23195	A		Removal of head of humerus	9.81	NA	NA	9.05	9.52	1.13		NA	NA	19.99	20.46	NA	NA	090
23200	A		Removal of collar bone	12.08	NA	NA	10.97	10.21	0.99		NA	NA	24.04	23.28	NA	NA	090
23210	A		Removal of shoulderblade	12.49	NA	NA	11.10	10.11	1.10		NA	NA	24.69	23.70	NA	NA	090
23220	A		Partial removal of humerus	14.56	NA	NA	12.70	12.99	1.59		NA	NA	28.85	29.14	NA	NA	090
23221	A		Partial removal of humerus	17.74	NA	NA	12.71	17.94	0.93		NA	NA	31.38	36.61	NA	NA	090
23222	A		Partial removal of humerus	23.92	NA	NA	18.41	16.83	1.80		NA	NA	44.13	42.55	NA	NA	090
23330	A		Remove shoulder foreign body	1.85	3.71	1.38	2.42	0.83	0.05		5.61	3.28	4.32	2.73	NA	NA	010
23331	A		Remove shoulder foreign body	7.38	NA	NA	7.96	3.83	0.30		NA	NA	15.64	11.51	NA	NA	090
23332	A		Remove shoulder foreign body	11.62	NA	NA	10.45	10.53	1.23		NA	NA	23.30	23.38	NA	NA	090
23350	A		Injection for shoulder x-ray	1.00	9.98	2.92	0.27	0.49	1.04		11.02	3.96	1.31	1.53	NA	NA	000
23395	A		Muscle transfer, shoulder/arm	16.85	NA	NA	12.37	12.15	1.44		NA	NA	30.66	30.44	NA	NA	090
23397	A		Muscle transfers	16.13	NA	NA	12.64	14.53	1.83		NA	NA	30.60	32.49	NA	NA	090
23400	A		Fixation of shoulder blade	13.54	NA	NA	10.82	10.72	1.31		NA	NA	25.67	25.57	NA	NA	090
23405	A		Incision of tendon & muscle	8.37	NA	NA	7.61	8.00	0.77		NA	NA	16.75	17.14	NA	NA	090
23406	A		Incise tendon(s) & muscle(s)	10.79	NA	NA	9.77	10.10	1.24		NA	NA	21.80	22.13	NA	NA	090
23410	A		Repair of tendon(s)	12.45	NA	NA	10.83	11.61	1.37		NA	NA	24.65	25.43	NA	NA	090
23412	A		Repair of tendon(s)	13.31	NA	NA	11.34	13.72	1.69		NA	NA	26.34	28.72	NA	NA	090
23415	A		Release of shoulder ligament	9.97	NA	NA	8.69	6.39	0.65		NA	NA	19.31	17.01	NA	NA	090
23420	A		Repair of shoulder	13.30	NA	NA	12.04	14.92	1.83		NA	NA	27.17	30.05	NA	NA	090
23430	A		Repair biceps tendon	9.98	NA	NA	9.47	8.35	0.93		NA	NA	20.38	19.26	NA	NA	090
23440	A		Removal/transplant tendon	10.48	NA	NA	9.87	8.30	0.92		NA	NA	21.27	19.70	NA	NA	090
23450	A		Repair shoulder capsule	13.40	NA	NA	11.20	13.18	1.60		NA	NA	26.20	28.18	NA	NA	090
23455	A		Repair shoulder capsule	14.37	NA	NA	11.76	15.61	1.96		NA	NA	28.09	31.94	NA	NA	090
23460	A		Repair shoulder capsule	15.37	NA	NA	12.34	14.54	1.75		NA	NA	29.46	31.66	NA	NA	090
23462	A		Repair shoulder capsule	15.30	NA	NA	11.98	15.31	1.94		NA	NA	29.22	32.55	NA	NA	090
23465	A		Repair shoulder capsule	15.85	NA	NA	12.47	14.64	1.78		NA	NA	30.10	32.27	NA	NA	090
23466	A		Repair shoulder capsule	14.22	NA	NA	11.63	15.64	2.09		NA	NA	27.94	31.95	NA	NA	090
23470	A		Reconstruct shoulder joint	17.15	NA	NA	13.45	17.01	2.07		NA	NA	32.67	36.23	NA	NA	090
23472	A		Reconstruct shoulder joint	16.92	NA	NA	13.29	18.47	3.83		NA	NA	34.04	39.22	NA	NA	090
23480	A		Revision of collarbone	11.18	NA	NA	9.80	7.81	0.80		NA	NA	21.78	19.79	NA	NA	090
23485	A		Revision of collar bone	13.43	NA	NA	11.62	12.15	1.46		NA	NA	26.51	27.04	NA	NA	090
23490	A		Reinforce clavicle	11.86	NA	NA	10.52	10.75	0.63		NA	NA	23.01	23.24	NA	NA	090
23491	A		Reinforce shoulder bones	14.21	NA	NA	11.67	13.25	1.65		NA	NA	27.53	29.11	NA	NA	090
23500	A		Treat clavicle fracture	2.08	2.87	2.06	1.87	1.81	0.16		5.11	4.30	4.11	4.05	NA	NA	090
23505	A		Treat clavicle fracture	3.69	4.53	3.23	3.38	2.94	0.30		8.52	7.22	7.37	6.93	NA	NA	090
23515	A		Repair clavicle fracture	7.41	NA	NA	6.86	7.36	0.88		NA	NA	15.15	15.65	NA	NA	090
23520	A		Treat clavicle dislocation	2.16	2.83	1.83	2.17	1.67	0.15		5.14	4.14	4.48	3.98	NA	NA	090
23525	A		Treat clavicle dislocation	3.60	4.61	2.77	2.64	2.27	0.21		8.42	6.58	6.45	6.08	NA	NA	090
23530	A		Repair clavicle dislocation	7.31	NA	NA	6.28	6.93	0.71		NA	NA	14.30	14.95	NA	NA	090
23532	A		Repair clavicle dislocation	8.01	NA	NA	6.85	7.60	0.93		NA	NA	15.79	16.54	NA	NA	090

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# ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Non- facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	Total	Total	Total	Total			
23540	A		Treat clavicle dislocation	2.23	3.31	2.09	1.74	1.70	0.15	5.69	4.47	4.12	4.08	0.90					
23545	A		Treat clavicle dislocation	3.25	3.75	2.55	2.74	2.30	0.23	7.23	6.03	6.22	5.78	0.90					
23550	A		Repair clavicle dislocation	7.24	NA	NA	6.76	8.17	1.14	NA	NA	15.14	16.55	0.90					
23552	A		Repair clavicle dislocation	8.45	NA	NA	7.45	7.80	0.92	NA	NA	16.82	17.17	0.90					
23570	A		Treat shoulderblade fracture	2.23	2.89	2.10	2.19	1.93	0.20	5.32	4.53	4.62	4.36	0.90					
23575	A		Treat shoulderblade fracture	4.06	4.72	3.42	3.65	3.15	0.34	9.12	7.82	8.05	7.55	0.90					
23585	A		Repair scapula fracture	8.96	NA	NA	7.94	8.26	1.01	NA	NA	17.91	18.23	0.90					
23600	A		Treat humerus fracture	2.93	4.58	3.51	2.87	3.08	0.34	7.85	6.78	6.14	6.35	0.90					
23605	A		Treat humerus fracture	4.87	6.75	5.57	5.42	5.23	0.59	12.21	11.03	10.88	10.69	0.90					
23615	A		Repair humerus fracture	9.35	NA	NA	8.68	10.55	1.39	NA	NA	19.42	21.29	0.90					
23616	A		Repair humerus fracture	21.27	NA	NA	14.66	21.83	2.77	NA	NA	38.70	45.87	0.90					
23620	A		Treat humerus fracture	2.40	4.30	3.42	2.55	1.72	0.36	7.06	6.18	5.31	4.48	0.90					
23625	A		Treat humerus fracture	3.93	6.01	4.62	4.60	4.26	0.47	10.41	9.02	9.00	8.66	0.90					
23630	A		Repair humerus fracture	7.35	NA	NA	6.88	8.31	1.10	NA	NA	15.33	16.76	0.90					
23650	A		Treat shoulder dislocation	3.39	4.10	2.74	2.28	2.28	0.19	7.68	6.32	5.86	5.66	0.90					
23655	A		Treat shoulder dislocation	4.57	NA	NA	3.33	3.22	0.34	NA	NA	8.24	8.13	0.90					
23660	A		Repair shoulder dislocation	7.49	NA	NA	6.43	8.31	1.10	NA	NA	15.02	16.90	0.90					
23665	A		Treat dislocation/fracture	4.47	6.13	4.26	4.84	3.94	0.40	11.00	9.13	9.71	8.81	0.90					
23670	A		Repair dislocation/fracture	7.90	NA	NA	7.40	8.92	1.45	NA	NA	16.75	18.27	0.90					
23675	A		Treat dislocation/fracture	6.05	6.88	4.92	5.72	4.63	0.48	13.41	11.45	12.25	11.16	0.90					
23680	A		Repair dislocation/fracture	10.06	NA	NA	8.40	11.11	1.67	NA	NA	20.13	22.84	0.90					
23700	A		Fixation of shoulder	2.52	NA	NA	2.96	2.44	0.27	NA	NA	5.75	5.23	0.10					
23800	A		Fusion of shoulder joint	14.16	NA	NA	12.28	15.75	2.06	NA	NA	28.50	31.97	0.90					
23802	A		Fusion of shoulder joint	16.60	NA	NA	13.51	14.83	1.75	NA	NA	31.86	33.18	0.90					
23900	A		Amputation of arm & girdle	19.72	NA	NA	13.16	13.52	1.88	NA	NA	34.76	35.12	0.90					
23920	A		Amputation at shoulder joint	14.61	NA	NA	11.28	14.09	1.99	NA	NA	27.88	30.69	0.90					
23921	A		Amputation follow-up surgery	5.49	5.99	4.97	5.82	4.93	0.58	12.06	11.04	11.89	11.00	0.90					
23929	C		Shoulder surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY					
23930	A		Drainage of arm lesion	2.94	4.01	2.32	2.95	2.05	0.19	7.14	5.45	6.08	5.18	0.10					
23931	A		Drainage of arm bursa	1.79	3.86	1.57	2.91	1.04	0.09	5.74	3.45	4.79	2.92	0.10					
23935	A		Drain arm/elbow bone lesion	6.09	NA	NA	10.00	6.32	0.61	NA	NA	16.70	13.02	0.90					
24000	A		Exploratory elbow surgery	5.82	NA	NA	5.41	6.57	1.13	NA	NA	12.36	13.52	0.90					
24006	A		Release elbow joint	9.31	NA	NA	7.25	7.63	0.92	NA	NA	17.48	17.86	0.90					
24065	A		Biopsy arm/elbow soft tissue	2.08	3.78	1.59	2.43	0.93	0.08	5.94	3.75	4.59	3.09	0.10					
24066	A		Biopsy arm/elbow soft tissue	5.21	5.69	3.63	5.25	3.52	0.32	11.22	9.16	10.78	9.05	0.90					
24075	A		Remove arm/elbow lesion	3.92	5.31	2.94	4.44	2.72	0.27	9.50	7.13	8.63	6.91	0.90					
24076	A		Remove arm/elbow lesion	6.30	NA	NA	5.62	4.40	0.52	NA	NA	12.44	11.22	0.90					
24077	A		Remove tumor of arm/elbow	11.76	NA	NA	10.32	10.55	1.46	NA	NA	23.54	23.77	0.90					
24100	A		Biopsy elbow joint lining	4.93	NA	NA	4.70	4.62	0.54	NA	NA	10.17	10.09	0.90					
24101	A		Explore/treat elbow joint	6.13	NA	NA	5.72	6.91	1.10	NA	NA	12.95	14.14	0.90					

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned		Transitioned		Non- facility		Transitioned		Non- facility		Transitioned		Global
					practice expense RVUs	RVUs	Facility practice expense RVUs	RVUs	Mal- practice RVUs	Non- facility Total	Facility Total	Non- facility Total	Facility Total						
24102	A		Remove elbow joint lining	8.03	NA	NA	6.63	8.84	1.42	NA	NA	16.08	18.29	090					
24105	A		Removal of elbow bursa	3.61	NA	NA	4.10	4.09	0.49	NA	NA	8.20	8.19	090					
24110	A		Remove humerus lesion	7.39	NA	NA	7.81	8.22	0.95	NA	NA	16.15	16.56	090					
24115	A		Remove/graft bone lesion	9.63	NA	NA	7.82	8.20	1.04	NA	NA	18.49	18.87	090					
24116	A		Remove/graft bone lesion	11.81	NA	NA	10.33	10.50	1.15	NA	NA	23.29	23.46	090					
24120	A		Remove elbow lesion	6.65	NA	NA	5.75	6.34	0.77	NA	NA	13.17	13.76	090					
24125	A		Remove/graft bone lesion	7.89	NA	NA	5.86	6.18	0.48	NA	NA	14.23	14.55	090					
24126	A		Remove/graft bone lesion	8.31	NA	NA	5.65	7.44	0.95	NA	NA	14.91	16.70	090					
24130	A		Removal of head of radius	6.25	NA	NA	5.84	6.93	0.84	NA	NA	12.93	14.02	090					
24134	A		Removal of arm bone lesion	9.73	NA	NA	12.33	10.16	0.97	NA	NA	23.03	20.86	090					
24136	A		Remove radius bone lesion	7.99	NA	NA	5.75	8.59	0.72	NA	NA	14.46	17.30	090					
24138	A		Remove elbow bone lesion	8.05	NA	NA	6.90	6.92	0.83	NA	NA	15.78	15.80	090					
24140	A		Partial removal of arm bone	9.18	NA	NA	13.44	10.50	1.13	NA	NA	23.75	20.81	090					
24145	A		Partial removal of radius	7.58	NA	NA	9.67	7.61	0.81	NA	NA	18.06	16.00	090					
24147	A		Partial removal of elbow	7.54	NA	NA	9.47	7.75	0.84	NA	NA	17.85	16.13	090					
24149	A		Radical resection of elbow	14.20	NA	NA	9.60	12.69	1.62	NA	NA	25.42	28.51	090					
24150	A		Extensive humerus surgery	13.27	NA	NA	12.31	14.54	1.75	NA	NA	27.33	29.56	090					
24151	A		Extensive humerus surgery	15.58	NA	NA	13.47	14.63	1.65	NA	NA	30.70	31.86	090					
24152	A		Extensive radius surgery	10.06	NA	NA	7.93	7.52	0.91	NA	NA	18.90	18.49	090					
24153	A		Extensive radius surgery	11.54	NA	NA	6.21	10.05	1.34	NA	NA	19.09	22.93	090					
24155	A		Removal of elbow joint	11.73	NA	NA	8.36	10.84	1.35	NA	NA	21.44	23.92	090					
24160	A		Remove elbow joint implant	7.83	NA	NA	6.70	5.61	0.63	NA	NA	15.16	14.07	090					
24164	A		Remove radius head implant	6.23	NA	NA	5.70	5.93	0.70	NA	NA	12.63	12.86	090					
24200	A		Removal of arm foreign body	1.76	3.55	1.35	2.32	0.81	0.05	5.36	3.16	4.13	2.62	010					
24201	A		Removal of arm foreign body	4.56	5.87	3.96	4.91	3.72	0.38	10.81	8.90	9.85	8.66	090					
24220	A		Injection for elbow x-ray	1.31	10.93	3.15	0.37	0.51	0.04	12.28	4.50	1.72	1.86	000					
24301	A		Muscle/tendon transfer	10.20	NA	NA	7.87	8.40	0.96	NA	NA	19.03	19.56	090					
24305	A		Arm tendon lengthening	7.45	NA	NA	6.43	4.11	0.23	NA	NA	14.11	11.79	090					
24310	A		Revision of arm tendon	5.98	NA	NA	6.57	4.04	0.38	NA	NA	12.93	10.40	090					
24320	A		Repair of arm tendon	10.56	NA	NA	9.26	9.80	1.01	NA	NA	20.83	21.37	090					
24330	A		Revision of arm muscles	9.60	NA	NA	7.53	9.00	1.12	NA	NA	18.25	19.72	090					
24331	A		Revision of arm muscles	10.65	NA	NA	8.04	9.84	1.23	NA	NA	19.92	21.72	090					
24340	A		Repair of biceps tendon	7.89	NA	NA	6.75	7.39	0.88	NA	NA	15.52	16.16	090					
24341	A		Repair tendon/muscle arm	7.90	NA	NA	6.56	7.33	0.89	NA	NA	15.35	16.12	090					
24342	A		Repair of ruptured tendon	10.62	NA	NA	8.17	10.49	1.38	NA	NA	20.17	22.49	090					
24350	A		Repair of tennis elbow	5.25	NA	NA	5.11	4.72	0.54	NA	NA	10.90	10.51	090					
24351	A		Repair of tennis elbow	5.91	NA	NA	5.61	5.12	0.57	NA	NA	12.09	11.60	090					
24352	A		Repair of tennis elbow	6.43	NA	NA	5.96	6.13	0.73	NA	NA	13.12	13.29	090					
24354	A		Repair of tennis elbow	6.48	NA	NA	5.84	6.03	0.74	NA	NA	13.06	13.25	090					
24356	A		Revision of tennis elbow	6.68	NA	NA	6.00	7.43	0.92	NA	NA	13.60	15.03	090					

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
24360	A		Reconstruct elbow joint	12.34	NA	NA	NA	NA	8.77	13.24	1.93	13.24	NA	NA	NA	NA	23.04	27.51	23.04	27.51	090
24361	A		Reconstruct elbow joint	14.08	NA	NA	NA	NA	10.16	13.23	1.56	13.23	NA	NA	NA	NA	25.80	28.87	25.80	28.87	090
24362	A		Reconstruct elbow joint	14.99	NA	NA	NA	NA	8.71	7.53	0.63	7.53	NA	NA	NA	NA	24.33	23.15	24.33	23.15	090
24363	A		Replace elbow joint	18.49	NA	NA	NA	NA	12.53	19.69	3.23	19.69	NA	NA	NA	NA	34.25	41.41	34.25	41.41	090
24365	A		Reconstruct head of radius	8.39	NA	NA	NA	NA	6.82	7.83	0.93	7.83	NA	NA	NA	NA	16.14	17.15	16.14	17.15	090
24366	A		Reconstruct head of radius	9.13	NA	NA	NA	NA	7.17	9.97	1.41	9.97	NA	NA	NA	NA	17.71	20.51	17.71	20.51	090
24400	A		Revision of humerus	11.06	NA	NA	NA	NA	10.53	9.50	1.07	9.50	NA	NA	NA	NA	22.66	21.63	22.66	21.63	090
24410	A		Revision of humerus	14.82	NA	NA	NA	NA	11.20	14.23	1.61	14.23	NA	NA	NA	NA	27.63	30.66	27.63	30.66	090
24420	A		Revision of humerus	13.44	NA	NA	NA	NA	13.56	13.40	1.57	13.40	NA	NA	NA	NA	28.57	28.41	28.57	28.41	090
24430	A		Repair of humerus	12.81	NA	NA	NA	NA	11.12	14.25	1.83	14.25	NA	NA	NA	NA	25.76	28.89	25.76	28.89	090
24435	A		Repair humerus with graft	13.17	NA	NA	NA	NA	11.92	14.78	2.22	14.78	NA	NA	NA	NA	27.31	30.17	27.31	30.17	090
24470	A		Revision of elbow joint	8.74	NA	NA	NA	NA	5.34	7.79	1.02	7.79	NA	NA	NA	NA	15.10	17.55	15.10	17.55	090
24495	A		Decompression of forearm	8.12	NA	NA	NA	NA	8.36	6.77	0.86	6.77	NA	NA	NA	NA	17.34	15.75	17.34	15.75	090
24498	A		Reinforce humerus	11.92	NA	NA	NA	NA	10.64	11.10	1.27	11.10	NA	NA	NA	NA	23.83	24.29	23.83	24.29	090
24500	A		Treat humerus fracture	3.21	6.26	3.64	6.26	3.64	2.52	2.70	0.28	2.70	9.75	7.13	9.75	7.13	6.01	6.19	6.01	6.19	090
24505	A		Treat humerus fracture	5.17	9.29	5.98	9.29	5.98	5.65	5.07	0.56	5.07	15.02	11.71	15.02	11.71	11.38	10.80	11.38	10.80	090
24515	A		Repair humerus fracture	11.65	NA	NA	NA	NA	9.50	10.23	1.20	10.23	NA	NA	NA	NA	22.35	23.08	22.35	23.08	090
24516	A		Repair humerus fracture	11.65	NA	NA	NA	NA	10.27	10.42	1.20	10.42	NA	NA	NA	NA	23.12	23.27	23.12	23.27	090
24530	A		Treat humerus fracture	3.50	7.13	4.00	7.13	4.00	3.70	3.15	0.33	3.15	10.96	7.83	10.96	7.83	7.53	6.98	7.53	6.98	090
24535	A		Treat humerus fracture	6.87	9.49	6.32	9.49	6.32	5.80	5.40	0.61	5.40	16.97	13.80	16.97	13.80	13.28	12.88	13.28	12.88	090
24538	A		Treat humerus fracture	9.43	NA	NA	NA	NA	8.99	8.74	0.99	8.74	NA	NA	NA	NA	19.41	19.16	19.41	19.16	090
24545	A		Repair humerus fracture	10.46	NA	NA	NA	NA	8.83	10.32	1.24	10.32	NA	NA	NA	NA	20.53	22.02	20.53	22.02	090
24546	A		Repair humerus fracture	15.69	NA	NA	NA	NA	11.84	11.08	1.24	11.08	NA	NA	NA	NA	28.77	28.01	28.77	28.01	090
24560	A		Treat humerus fracture	2.80	5.94	3.24	5.94	3.24	2.17	2.30	0.23	2.30	8.97	6.27	8.97	6.27	5.20	5.33	5.20	5.33	090
24565	A		Treat humerus fracture	5.56	8.64	4.97	8.64	4.97	5.02	4.06	0.42	4.06	14.62	10.95	14.62	10.95	11.00	10.04	11.00	10.04	090
24566	A		Treat humerus fracture	7.79	NA	NA	NA	NA	7.89	6.91	0.75	6.91	NA	NA	NA	NA	16.43	15.45	16.43	15.45	090
24575	A		Repair humerus fracture	10.66	NA	NA	NA	NA	7.69	8.26	0.97	8.26	NA	NA	NA	NA	19.32	19.89	19.32	19.89	090
24576	A		Treat humerus fracture	2.86	5.92	3.24	5.92	3.24	2.60	2.41	0.26	2.41	9.04	6.36	9.04	6.36	5.72	5.53	5.72	5.53	090
24577	A		Treat humerus fracture	5.79	8.85	5.47	8.85	5.47	5.26	4.57	0.48	4.57	15.12	11.74	15.12	11.74	11.53	10.84	11.53	10.84	090
24579	A		Repair humerus fracture	11.60	NA	NA	NA	NA	9.73	9.24	1.06	9.24	NA	NA	NA	NA	22.39	21.90	22.39	21.90	090
24582	A		Treat humerus fracture	8.55	NA	NA	NA	NA	8.79	7.58	0.83	7.58	NA	NA	NA	NA	18.17	16.96	18.17	16.96	090
24586	A		Repair elbow fracture	15.21	NA	NA	NA	NA	9.95	14.47	1.85	14.47	NA	NA	NA	NA	27.01	31.53	27.01	31.53	090
24587	A		Repair elbow fracture	15.16	NA	NA	NA	NA	9.75	13.61	1.70	13.61	NA	NA	NA	NA	26.61	30.47	26.61	30.47	090
24600	A		Treat elbow dislocation	4.23	7.43	3.45	7.43	3.45	3.53	2.47	0.20	2.47	11.86	7.88	11.86	7.88	7.96	6.90	7.96	6.90	090
24605	A		Treat elbow dislocation	5.42	NA	NA	NA	NA	4.28	2.94	0.29	2.94	NA	NA	NA	NA	9.99	8.65	9.99	8.65	090
24615	A		Repair elbow dislocation	9.42	NA	NA	NA	NA	7.03	9.32	1.16	9.32	NA	NA	NA	NA	17.61	19.90	17.61	19.90	090
24620	A		Treat elbow fracture	6.98	NA	NA	NA	NA	5.67	4.49	0.45	4.49	NA	NA	NA	NA	13.10	11.92	13.10	11.92	090
24635	A		Repair elbow fracture	13.19	NA	NA	NA	NA	19.21	13.80	1.39	13.80	NA	NA	NA	NA	33.79	28.38	33.79	28.38	090
24640	A		Treat elbow dislocation	1.20	4.66	1.99	4.66	1.99	1.02	1.08	0.06	1.08	5.92	3.25	5.92	3.25	2.28	2.34	2.28	2.34	010
24650	A		Treat radius fracture	2.16	5.75	3.27	5.75	3.27	1.97	1.41	0.26	1.41	8.17	5.69	8.17	5.69	4.39	3.83	4.39	3.83	090

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
24655	A		Treat radius fracture	4.40	8.08	4.47	4.34	3.54	0.35	12.83	9.22	9.09	8.29	0.90									0.90
24665	A		Repair radius fracture	8.14	NA	NA	7.82	7.76	0.89	NA	NA	16.85	16.79	0.90									0.90
24666	A		Repair radius fracture	9.49	NA	NA	8.66	10.53	1.25	NA	NA	19.40	21.27	0.90									0.90
24670	A		Treatment of ulna fracture	2.54	5.74	3.03	2.30	2.17	0.21	8.49	5.78	5.05	4.92	0.90									0.90
24675	A		Treatment of ulna fracture	4.72	8.23	4.92	4.58	4.00	0.42	13.37	10.06	9.72	9.14	0.90									0.90
24685	A		Repair ulna fracture	8.80	NA	NA	8.15	8.88	1.05	NA	NA	18.00	18.73	0.90									0.90
24800	A		Fusion of elbow joint	11.20	NA	NA	8.36	10.71	1.21	NA	NA	20.77	23.12	0.90									0.90
24802	A		Fusion/graft of elbow joint	13.69	NA	NA	9.40	12.27	1.56	NA	NA	24.65	27.52	0.90									0.90
24900	A		Amputation of upper arm	9.60	NA	NA	8.60	8.40	1.09	NA	NA	19.29	19.09	0.90									0.90
24920	A		Amputation of upper arm	9.54	NA	NA	9.66	7.94	0.93	NA	NA	20.13	18.41	0.90									0.90
24925	A		Amputation follow-up surgery	7.07	NA	NA	7.20	6.90	0.59	NA	NA	21.63	20.43	0.90									0.90
24930	A		Amputation follow-up surgery	10.25	NA	NA	10.46	9.26	0.92	NA	NA	23.29	25.53	0.90									0.90
24931	A		Amputate upper arm & implant	12.72	NA	NA	9.13	11.37	1.44	NA	NA	28.64	31.30	0.90									0.90
24935	A		Revision of amputation	15.56	NA	NA	11.33	13.99	1.75	NA	NA	0.00	0.00	0.90									0.90
24940	C		Revision of upper arm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.90									0.90
24999	C		Upper arm/elbow surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.90									0.90
25000	A		Incision of tendon sheath	3.38	NA	NA	5.98	4.53	0.49	NA	NA	9.85	8.40	0.90									0.90
25020	A		Decompression of forearm	5.92	NA	NA	8.99	5.79	0.60	NA	NA	15.51	12.31	0.90									0.90
25023	A		Decompression of forearm	12.96	NA	NA	14.71	8.10	0.74	NA	NA	28.41	21.80	0.90									0.90
25028	A		Drainage of forearm lesion	5.25	NA	NA	7.94	3.67	0.28	NA	NA	13.47	9.20	0.90									0.90
25031	A		Drainage of forearm bursa	4.14	NA	NA	7.61	2.44	0.07	NA	NA	11.82	6.65	0.90									0.90
25035	A		Treat forearm bone lesion	7.36	NA	NA	13.18	8.43	0.79	NA	NA	21.33	16.58	0.90									0.90
25040	A		Explore/treat wrist joint	7.18	NA	NA	8.00	6.64	0.70	NA	NA	15.88	14.52	0.90									0.90
25065	A		Biopsy forearm soft tissues	1.99	2.04	1.12	2.87	1.03	0.07	4.10	3.18	4.93	3.09	0.10									0.10
25066	A		Biopsy forearm soft tissues	4.13	NA	NA	6.85	2.97	0.17	NA	NA	11.15	7.27	0.90									0.90
25075	A		Removal of forearm lesion	3.74	NA	NA	6.01	3.29	0.29	NA	NA	10.04	7.32	0.90									0.90
25076	A		Removal of forearm lesion	4.92	NA	NA	9.78	5.51	0.52	NA	NA	15.22	10.95	0.90									0.90
25077	A		Remove tumor, forearm/wrist	9.76	NA	NA	12.65	10.06	1.31	NA	NA	23.72	21.13	0.90									0.90
25085	A		Incision of wrist capsule	5.50	NA	NA	9.42	6.11	0.56	NA	NA	15.48	12.17	0.90									0.90
25100	A		Biopsy of wrist joint	3.90	NA	NA	6.11	5.02	0.62	NA	NA	10.63	9.54	0.90									0.90
25101	A		Explore/treat wrist joint	4.69	NA	NA	6.43	5.81	0.77	NA	NA	11.89	11.27	0.90									0.90
25105	A		Remove wrist joint lining	5.85	NA	NA	8.63	7.40	0.93	NA	NA	15.41	14.18	0.90									0.90
25107	A		Remove wrist joint cartilage	6.43	NA	NA	9.15	6.59	0.70	NA	NA	16.28	13.72	0.90									0.90
25110	A		Remove wrist tendon lesion	3.92	NA	NA	6.67	3.95	0.36	NA	NA	10.95	8.23	0.90									0.90
25111	A		Remove wrist tendon lesion	3.39	NA	NA	5.20	3.92	0.43	NA	NA	9.02	7.74	0.90									0.90
25112	A		Remove wrist tendon lesion	4.53	NA	NA	6.02	4.54	0.52	NA	NA	11.07	9.59	0.90									0.90
25115	A		Remove wrist/forearm lesion	8.82	NA	NA	13.40	9.16	0.96	NA	NA	23.18	18.94	0.90									0.90
25116	A		Remove wrist/forearm lesion	7.11	NA	NA	12.47	9.49	1.08	NA	NA	20.66	17.68	0.90									0.90
25118	A		Excise wrist tendon sheath	4.37	NA	NA	6.53	5.55	0.80	NA	NA	11.70	10.72	0.90									0.90
25119	A		Partial removal of ulna	6.04	NA	NA	9.59	7.81	1.03	NA	NA	16.66	14.88	0.90									0.90

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2/</sup>	Mod	Status	Description	Physician work RVUs <sup>3/</sup>	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
25120		A	Removal of forearm lesion	6.10	NA	NA	NA	NA	11.58	8.21	0.89	NA	NA	NA	NA	18.57	15.20	090	090		
25125		A	Remove/graft forearm lesion	7.48	NA	NA	NA	NA	13.58	8.96	0.81	NA	NA	NA	NA	21.87	17.25	090	090		
25126		A	Remove/graft forearm lesion	7.55	NA	NA	NA	NA	15.59	9.43	0.88	NA	NA	NA	NA	24.02	17.86	090	090		
25130		A	Removal of wrist lesion	5.26	NA	NA	NA	NA	6.95	5.17	0.52	NA	NA	NA	NA	12.73	10.95	090	090		
25135		A	Remove & graft wrist lesion	6.89	NA	NA	NA	NA	7.82	6.40	0.76	NA	NA	NA	NA	15.47	14.05	090	090		
25136		A	Remove & graft wrist lesion	5.97	NA	NA	NA	NA	6.55	5.49	0.66	NA	NA	NA	NA	13.18	12.12	090	090		
25145		A	Remove forearm bone lesion	6.37	NA	NA	NA	NA	13.63	8.25	0.59	NA	NA	NA	NA	20.59	15.21	090	090		
25150		A	Partial removal of ulna	7.09	NA	NA	NA	NA	9.81	7.88	0.88	NA	NA	NA	NA	17.78	15.85	090	090		
25151		A	Partial removal of radius	7.39	NA	NA	NA	NA	12.82	7.89	0.80	NA	NA	NA	NA	21.01	16.08	090	090		
25170		A	Extensive forearm surgery	11.09	NA	NA	NA	NA	14.29	11.54	1.18	NA	NA	NA	NA	26.56	23.81	090	090		
25210		A	Removal of wrist bone	5.95	NA	NA	NA	NA	7.27	5.79	0.63	NA	NA	NA	NA	13.85	12.37	090	090		
25215		A	Removal of wrist bones	7.89	NA	NA	NA	NA	10.43	9.67	1.11	NA	NA	NA	NA	19.43	18.67	090	090		
25230		A	Partial removal of radius	5.23	NA	NA	NA	NA	6.89	6.25	0.66	NA	NA	NA	NA	12.78	12.14	090	090		
25240		A	Partial removal of ulna	5.17	NA	NA	NA	NA	8.88	6.53	0.67	NA	NA	NA	NA	14.72	12.37	090	090		
25246		A	Injection for wrist x-ray	1.45	10.02	2.91	2.91	10.02	0.39	0.50	0.04	11.51	4.40	11.51	4.40	1.88	1.99	000	000		
25248		A	Remove forearm foreign body	5.14	NA	NA	NA	NA	8.22	3.83	0.29	NA	NA	NA	NA	13.65	9.26	090	090		
25250		A	Removal of wrist prosthesis	6.60	NA	NA	NA	NA	8.19	6.63	0.71	NA	NA	NA	NA	15.50	13.94	090	090		
25251		A	Removal of wrist prosthesis	9.57	NA	NA	NA	NA	12.11	9.74	1.09	NA	NA	NA	NA	22.77	20.40	090	090		
25260		A	Repair forearm tendon/muscle	7.80	NA	NA	NA	NA	13.20	7.05	0.61	NA	NA	NA	NA	21.61	15.46	090	090		
25263		A	Repair forearm tendon/muscle	7.82	NA	NA	NA	NA	13.27	8.01	0.81	NA	NA	NA	NA	21.90	16.64	090	090		
25265		A	Repair forearm tendon/muscle	9.88	NA	NA	NA	NA	16.34	10.54	1.10	NA	NA	NA	NA	27.32	21.52	090	090		
25270		A	Repair forearm tendon/muscle	6.00	NA	NA	NA	NA	12.21	5.79	0.43	NA	NA	NA	NA	18.64	12.22	090	090		
25272		A	Repair forearm tendon/muscle	7.04	NA	NA	NA	NA	12.66	5.96	0.42	NA	NA	NA	NA	20.12	13.42	090	090		
25274		A	Repair forearm tendon/muscle	8.75	NA	NA	NA	NA	13.41	8.74	0.88	NA	NA	NA	NA	23.04	18.37	090	090		
25280		A	Revise wrist/forearm tendon	7.22	NA	NA	NA	NA	12.47	6.55	0.54	NA	NA	NA	NA	20.23	14.31	090	090		
25290		A	Incise wrist/forearm tendon	5.29	NA	NA	NA	NA	14.15	5.55	0.32	NA	NA	NA	NA	19.76	11.16	090	090		
25295		A	Release wrist/forearm tendon	6.55	NA	NA	NA	NA	11.96	5.47	0.41	NA	NA	NA	NA	18.92	12.43	090	090		
25300		A	Fusion of tendons at wrist	8.80	NA	NA	NA	NA	9.96	8.48	0.93	NA	NA	NA	NA	19.69	18.21	090	090		
25301		A	Fusion of tendons at wrist	8.40	NA	NA	NA	NA	8.26	7.58	0.92	NA	NA	NA	NA	17.58	16.90	090	090		
25310		A	Transplant forearm tendon	8.14	NA	NA	NA	NA	13.69	9.24	0.92	NA	NA	NA	NA	22.75	18.30	090	090		
25312		A	Transplant forearm tendon	9.57	NA	NA	NA	NA	14.86	9.93	1.02	NA	NA	NA	NA	25.45	20.52	090	090		
25315		A	Revise palsy hand tendon(s)	10.20	NA	NA	NA	NA	14.68	10.23	1.05	NA	NA	NA	NA	25.93	21.48	090	090		
25316		A	Revise palsy hand tendon(s)	12.33	NA	NA	NA	NA	20.03	13.62	1.39	NA	NA	NA	NA	33.75	27.34	090	090		
25320		A	Repair/revise wrist joint	10.77	NA	NA	NA	NA	10.33	9.58	1.13	NA	NA	NA	NA	22.23	21.48	090	090		
25322		A	Revise wrist joint	11.41	NA	NA	NA	NA	10.58	10.77	1.26	NA	NA	NA	NA	23.25	23.44	090	090		
25335		A	Realignment of hand	12.88	NA	NA	NA	NA	12.64	12.45	1.22	NA	NA	NA	NA	26.74	26.55	090	090		
25337		A	Reconstruct ulna/radioulnar	10.17	NA	NA	NA	NA	11.58	9.89	1.13	NA	NA	NA	NA	22.88	21.19	090	090		
25350		A	Revision of radius	8.78	NA	NA	NA	NA	13.82	9.65	0.99	NA	NA	NA	NA	23.59	19.42	090	090		
25355		A	Revision of radius	10.17	NA	NA	NA	NA	12.08	10.45	1.17	NA	NA	NA	NA	23.42	21.79	090	090		
25360		A	Revision of ulna	8.43	NA	NA	NA	NA	13.46	8.59	0.77	NA	NA	NA	NA	22.66	17.79	090	090		

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global		
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	Total	Non- facility	Total	Non- facility	Total	practice RVUs	expense RVUs	Total		Non- facility	Total
25365	A		Revise radius & ulna	12.40	NA	NA	14.45	12.01	1.23	12.01	NA	28.08	NA	NA	NA	25.64	28.08	NA	25.64	090			
25370	A		Revise radius or ulna	13.36	NA	NA	10.94	12.31	1.50	12.31	NA	25.80	NA	NA	NA	27.17	25.80	NA	27.17	090			
25375	A		Revise radius & ulna	13.04	NA	NA	10.82	13.60	0.68	13.60	NA	24.54	NA	NA	NA	27.32	24.54	NA	27.32	090			
25390	A		Shorten radius/ulna	10.40	NA	NA	13.94	10.66	1.17	10.66	NA	25.51	NA	NA	NA	22.23	25.51	NA	22.23	090			
25391	A		Lengthen radius/ulna	13.65	NA	NA	14.98	12.90	1.51	12.90	NA	30.14	NA	NA	NA	28.06	30.14	NA	28.06	090			
25392	A		Shorten radius & ulna	13.95	NA	NA	14.22	13.68	1.60	13.68	NA	29.77	NA	NA	NA	29.23	29.77	NA	29.23	090			
25393	A		Lengthen radius & ulna	15.87	NA	NA	13.27	14.88	1.82	14.88	NA	30.96	NA	NA	NA	32.57	30.96	NA	32.57	090			
25400	A		Repair radius or ulna	10.92	NA	NA	15.31	12.60	1.37	12.60	NA	27.60	NA	NA	NA	24.89	27.60	NA	24.89	090			
25405	A		Repair/graft radius or ulna	14.38	NA	NA	17.08	14.38	1.58	14.38	NA	33.04	NA	NA	NA	30.34	33.04	NA	30.34	090			
25415	A		Repair radius & ulna	13.35	NA	NA	15.32	13.12	1.50	13.12	NA	30.17	NA	NA	NA	27.97	30.17	NA	27.97	090			
25420	A		Repair/graft radius & ulna	16.33	NA	NA	18.05	16.48	1.78	16.48	NA	36.16	NA	NA	NA	34.59	36.16	NA	34.59	090			
25425	A		Repair/graft radius or ulna	13.21	NA	NA	28.77	16.97	1.46	16.97	NA	43.44	NA	NA	NA	31.64	43.44	NA	31.64	090			
25426	A		Repair/graft radius & ulna	15.82	NA	NA	18.19	14.09	1.67	14.09	NA	35.68	NA	NA	NA	31.58	35.68	NA	31.58	090			
25440	A		Repair/graft wrist bone	10.44	NA	NA	9.97	9.86	1.17	9.86	NA	21.68	NA	NA	NA	21.47	21.68	NA	21.47	090			
25441	A		Reconstruct wrist joint	12.90	NA	NA	10.96	11.99	1.48	11.99	NA	25.34	NA	NA	NA	26.37	25.34	NA	26.37	090			
25442	A		Reconstruct wrist joint	10.85	NA	NA	9.76	8.19	0.95	8.19	NA	21.56	NA	NA	NA	19.99	21.56	NA	19.99	090			
25443	A		Reconstruct wrist joint	10.39	NA	NA	11.34	10.47	1.19	10.47	NA	22.92	NA	NA	NA	22.05	22.92	NA	22.05	090			
25444	A		Reconstruct wrist joint	11.15	NA	NA	11.78	11.20	1.30	11.20	NA	24.23	NA	NA	NA	23.65	24.23	NA	23.65	090			
25445	A		Reconstruct wrist joint	9.69	NA	NA	11.19	11.23	1.35	11.23	NA	22.23	NA	NA	NA	22.27	22.23	NA	22.27	090			
25446	A		Wrist replacement	16.55	NA	NA	13.39	18.17	2.73	18.17	NA	32.67	NA	NA	NA	37.45	32.67	NA	37.45	090			
25447	A		Repair wrist joint(s)	10.37	NA	NA	10.12	10.38	1.22	10.38	NA	21.71	NA	NA	NA	21.97	21.71	NA	21.97	090			
25449	A		Remove wrist joint implant	14.49	NA	NA	14.08	9.90	0.91	9.90	NA	29.48	NA	NA	NA	25.30	29.48	NA	25.30	090			
25450	A		Revision of wrist joint	7.87	NA	NA	5.35	7.29	0.93	7.29	NA	14.15	NA	NA	NA	16.09	14.15	NA	16.09	090			
25455	A		Revision of wrist joint	9.49	NA	NA	9.84	9.55	1.11	9.55	NA	20.44	NA	NA	NA	20.15	20.44	NA	20.15	090			
25490	A		Reinforce radius	9.54	NA	NA	13.64	10.48	1.11	10.48	NA	24.29	NA	NA	NA	21.13	24.29	NA	21.13	090			
25491	A		Reinforce ulna	9.96	NA	NA	13.41	10.76	1.17	10.76	NA	24.54	NA	NA	NA	21.89	24.54	NA	21.89	090			
25492	A		Reinforce radius and ulna	12.33	NA	NA	15.43	12.97	1.44	12.97	NA	29.20	NA	NA	NA	26.74	29.20	NA	26.74	090			
25500	A		Treat fracture of radius	2.45	5.36	3.24	2.01	1.46	0.23	1.46	8.04	4.69	5.92	10.60	5.92	4.14	4.69	4.14	4.14	090			
25505	A		Treat fracture of radius	5.21	8.36	4.99	4.74	4.09	0.40	4.09	13.97	10.35	13.97	10.60	10.35	9.70	10.35	9.70	9.70	090			
25515	A		Repair fracture of radius	9.18	NA	NA	7.29	8.03	0.95	8.03	NA	17.42	NA	NA	NA	18.16	17.42	NA	18.16	090			
25520	A		Repair fracture of radius	6.26	8.56	6.81	5.27	5.99	0.74	5.99	15.56	13.81	15.56	13.81	12.27	12.99	12.27	12.99	12.99	090			
25525	A		Repair fracture of radius	12.24	NA	NA	9.92	11.56	1.43	11.56	NA	23.59	NA	NA	NA	25.23	23.59	NA	25.23	090			
25526	A		Repair fracture of radius	12.98	NA	NA	15.57	13.54	1.52	13.54	NA	30.07	NA	NA	NA	28.04	30.07	NA	28.04	090			
25530	A		Treat fracture of ulna	2.09	5.44	3.35	2.12	1.47	0.27	1.47	7.80	4.48	5.71	10.45	5.71	3.83	4.48	3.83	3.83	090			
25535	A		Treat fracture of ulna	5.14	7.95	4.89	4.79	4.10	0.42	4.10	13.51	10.35	13.51	10.45	10.35	9.66	10.35	9.66	9.66	090			
25545	A		Repair fracture of ulna	8.90	NA	NA	8.20	8.22	0.94	8.22	NA	18.04	NA	NA	NA	18.06	18.04	NA	18.06	090			
25560	A		Treat fracture radius & ulna	2.44	5.40	3.20	1.85	2.31	0.21	2.31	8.05	4.50	5.85	12.13	4.50	4.96	4.50	4.96	4.96	090			
25565	A		Treat fracture radius & ulna	5.63	8.60	5.95	4.92	5.03	0.55	5.03	14.78	11.10	12.13	11.10	11.10	11.21	11.10	11.21	11.21	090			
25574	A		Treat fracture radius & ulna	7.01	NA	NA	7.10	8.05	1.35	8.05	NA	15.46	NA	NA	NA	16.41	15.46	NA	16.41	090			
25575	A		Repair fracture radius/ulna	10.45	NA	NA	8.95	10.95	1.35	10.95	NA	20.75	NA	NA	NA	22.75	20.75	NA	22.75	090			

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CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Transitional							Transitioned												
				Physician work			Non-facility		Facility		Mal-practice			Non-facility		Facility		Transitioned					
				RVUs <sup>3</sup>	practice expense	RVUs	practice expense	RVUs	practice expense	RVUs	Total	RVUs	practice expense	RVUs	Total	RVUs	practice expense	RVUs	Total	RVUs	practice expense	RVUs	Total
Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total				
Global																							
25600	A	Treat fracture radius/ulna	2.63	5.78	3.76	2.22	1.71	0.33	8.74	6.72	5.18	4.67	090										
25605	A	Treat fracture radius/ulna	5.81	8.90	5.44	5.18	4.51	0.48	15.19	11.73	11.47	10.80	090										
25611	A	Repair fracture radius/ulna	7.77	NA	NA	8.01	6.89	0.76	NA	NA	16.54	15.42	090										
25620	A	Repair fracture radius/ulna	8.55	NA	NA	8.02	7.81	0.89	NA	NA	17.46	17.25	090										
25622	A	Treat wrist bone fracture	2.61	5.75	3.29	2.15	1.47	0.26	8.62	6.16	5.02	4.34	090										
25624	A	Treat wrist bone fracture	4.53	8.08	5.01	4.41	2.60	0.45	13.06	9.99	9.39	7.58	090										
25628	A	Repair wrist bone fracture	8.43	NA	NA	7.95	7.79	0.91	NA	NA	17.29	17.13	090										
25630	A	Treat wrist bone fracture	2.88	5.86	3.25	2.21	1.45	0.23	8.97	6.36	5.32	4.56	090										
25635	A	Treat wrist bone fracture	4.39	8.04	4.75	4.35	2.46	0.39	12.82	9.53	9.13	7.24	090										
25645	A	Repair wrist bone fracture	7.25	NA	NA	7.48	7.31	0.74	NA	NA	15.47	15.30	090										
25650	A	Repair wrist bone fracture	3.05	5.72	3.60	2.25	1.65	0.28	9.05	6.93	5.58	4.98	090										
25660	A	Treat wrist dislocation	4.76	NA	NA	3.99	2.48	0.20	NA	NA	8.95	7.44	090										
25670	A	Repair wrist dislocation	7.92	NA	NA	7.62	7.67	0.88	NA	NA	16.42	16.47	090										
25675	A	Treat wrist dislocation	4.67	7.79	3.80	3.98	2.85	0.27	12.73	8.74	8.92	7.79	090										
25676	A	Repair wrist dislocation	8.04	NA	NA	7.82	7.91	0.87	NA	NA	16.73	16.82	090										
25680	A	Treat wrist fracture	5.99	NA	NA	5.25	3.30	0.28	NA	NA	11.52	9.57	090										
25685	A	Repair wrist fracture	9.78	NA	NA	8.42	9.26	1.13	NA	NA	19.33	20.17	090										
25690	A	Treat wrist dislocation	5.50	NA	NA	5.75	5.42	0.57	NA	NA	11.82	11.49	090										
25695	A	Repair wrist dislocation	8.34	NA	NA	7.73	7.66	0.92	NA	NA	16.99	16.92	090										
25800	A	Fusion of wrist joint	9.76	NA	NA	9.64	11.16	1.41	NA	NA	20.81	22.33	090										
25805	A	Fusion/graft of wrist joint	11.28	NA	NA	10.59	12.75	1.64	NA	NA	23.51	25.67	090										
25810	A	Fusion/graft of wrist joint	10.57	NA	NA	10.13	12.00	1.61	NA	NA	22.31	24.18	090										
25820	A	Fusion of hand bones	7.45	NA	NA	8.66	8.84	1.16	NA	NA	17.27	17.45	090										
25825	A	Fusion hand bones with graft	9.27	NA	NA	9.80	10.75	1.56	NA	NA	20.63	21.58	090										
25830	A	Fusion radioulnar jnt/ulna	10.06	NA	NA	14.42	10.60	1.13	NA	NA	25.61	21.79	090										
25900	A	Amputation of forearm	9.01	NA	NA	11.63	8.67	1.02	NA	NA	21.66	18.70	090										
25905	A	Amputation of forearm	9.12	NA	NA	13.20	9.09	0.90	NA	NA	23.22	19.11	090										
25907	A	Amputation follow-up surgery	7.80	NA	NA	11.35	7.51	0.78	NA	NA	19.93	16.09	090										
25909	A	Amputation follow-up surgery	8.96	NA	NA	11.90	7.49	0.83	NA	NA	21.69	17.28	090										
25915	A	Amputation of forearm	17.08	NA	NA	16.20	16.94	2.03	NA	NA	35.31	36.05	090										

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup>			Non-facility			Transitioned			Facility			Mal-practice			Non-facility			Transitioned			Facility			Total			Global
				RVUs	expense	RVUs	practice	expense	RVUs	practice	expense	RVUs	practice	expense	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	practice	expense	RVUs	practice	expense	RVUs	RVUs	RVUs	RVUs	
26025	A		Drainage of palm bursa	4.82	NA	NA	NA	NA	10.14	6.20	0.59	0.59	NA	NA	15.55	11.61	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26030	A		Drainage of palm bursa(s)	5.93	NA	NA	NA	NA	10.98	7.41	0.77	0.77	NA	NA	17.68	14.11	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26034	A		Treat hand bone lesion	6.23	NA	NA	NA	NA	12.12	6.47	0.56	0.56	NA	NA	18.91	13.26	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26035	A		Decompress fingers/hand	9.51	NA	NA	NA	NA	13.85	7.67	0.67	0.67	NA	NA	24.03	17.85	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26037	A		Decompress fingers/hand	7.25	NA	NA	NA	NA	10.45	7.80	0.82	0.82	NA	NA	18.52	15.87	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26040	A		Release palm contracture	3.33	NA	NA	NA	NA	9.32	4.66	0.38	0.38	NA	NA	13.03	8.37	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26045	A		Release palm contracture	5.56	NA	NA	NA	NA	10.57	6.57	0.63	0.63	NA	NA	16.76	12.76	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26055	A		Incise finger tendon sheath	2.69	6.00	4.17	NA	NA	5.93	4.15	0.44	0.44	9.13	7.30	9.06	7.28	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26060	A		Incision of finger tendon	2.81	NA	NA	NA	NA	6.47	2.54	0.13	0.13	NA	NA	9.41	5.48	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26070	A		Explore/treat hand joint	3.69	NA	NA	NA	NA	8.76	3.32	0.33	0.33	NA	NA	12.78	7.34	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26075	A		Explore/treat finger joint	3.79	NA	NA	NA	NA	9.67	5.49	0.49	0.49	NA	NA	13.95	9.77	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26080	A		Explore/treat finger joint	4.24	NA	NA	NA	NA	10.20	5.11	0.40	0.40	NA	NA	14.84	9.75	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26100	A		Biopsy hand joint lining	3.67	NA	NA	NA	NA	6.53	4.06	0.35	0.35	NA	NA	10.55	8.08	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26105	A		Biopsy finger joint lining	3.71	NA	NA	NA	NA	9.97	5.89	0.52	0.52	NA	NA	14.20	10.12	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26110	A		Biopsy finger joint lining	3.53	NA	NA	NA	NA	9.00	4.64	0.39	0.39	NA	NA	12.92	8.56	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26115	A		Removal of hand lesion	3.86	5.88	3.11	NA	NA	6.56	3.28	0.27	0.27	10.01	7.24	10.69	7.41	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26116	A		Removal of hand lesion	5.53	NA	NA	NA	NA	10.38	5.62	0.49	0.49	NA	NA	16.40	11.64	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26117	A		Remove tumor, hand/finger	8.55	NA	NA	NA	NA	11.88	7.10	0.71	0.71	NA	NA	21.14	16.36	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26121	A		Release palm contracture	7.54	NA	NA	NA	NA	12.16	9.79	1.26	1.26	NA	NA	20.96	18.59	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26123	A		Release palm contracture	9.29	NA	NA	NA	NA	13.12	10.69	1.20	1.20	NA	NA	23.61	21.18	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26125	A		Release palm contracture	4.61	NA	NA	NA	NA	2.73	2.81	0.35	0.35	NA	NA	7.69	7.77	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ
26130	A		Remove wrist joint lining	5.42	NA	NA	NA	NA	11.96	7.07	0.67	0.67	NA	NA	18.05	13.16	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26135	A		Revise finger joint, each	6.96	NA	NA	NA	NA	13.15	7.24	0.64	0.64	NA	NA	20.75	14.84	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26140	A		Revise finger joint, each	6.17	NA	NA	NA	NA	12.44	6.70	0.59	0.59	NA	NA	19.20	13.46	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26145	A		Tendon excision, palm/finger	6.32	NA	NA	NA	NA	12.53	6.97	0.63	0.63	NA	NA	19.48	13.92	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26160	A		Remove tendon sheath lesion	3.15	5.66	3.31	NA	NA	6.15	3.43	0.31	0.31	9.12	6.77	9.61	6.89	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26170	A		Removal of palm tendon, each	4.77	NA	NA	NA	NA	7.11	4.08	0.35	0.35	NA	NA	12.23	9.20	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26180	A		Removal of finger tendon	5.18	NA	NA	NA	NA	7.22	5.07	0.56	0.56	NA	NA	12.96	10.81	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26185	A		Remove finger bone	5.25	NA	NA	NA	NA	7.07	5.22	0.32	0.32	NA	NA	12.64	10.79	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26200	A		Remove hand bone lesion	5.51	NA	NA	NA	NA	10.67	6.31	0.56	0.56	NA	NA	16.74	12.38	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26205	A		Remove/graft bone lesion	7.70	NA	NA	NA	NA	12.22	8.27	0.81	0.81	NA	NA	20.73	16.78	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26210	A		Removal of finger lesion	5.15	NA	NA	NA	NA	10.69	5.85	0.50	0.50	NA	NA	16.34	11.50	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26215	A		Remove/graft finger lesion	7.10	NA	NA	NA	NA	11.27	7.33	0.74	0.74	NA	NA	19.11	15.17	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26230	A		Partial removal of hand bone	6.33	NA	NA	NA	NA	10.30	6.04	0.54	0.54	NA	NA	17.17	12.91	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26235	A		Partial removal, finger bone	6.19	NA	NA	NA	NA	10.18	5.94	0.56	0.56	NA	NA	16.93	12.69	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26236	A		Partial removal, finger bone	5.32	NA	NA	NA	NA	10.06	5.66	0.52	0.52	NA	NA	15.90	11.50	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26250	A		Extensive hand surgery	7.55	NA	NA	NA	NA	11.44	7.74	0.84	0.84	NA	NA	19.83	16.13	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26255	A		Extensive hand surgery	12.43	NA	NA	NA	NA	14.81	10.98	1.20	1.20	NA	NA	28.44	24.61	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26260	A		Extensive finger surgery	7.03	NA	NA	NA	NA	12.94	7.90	0.76	0.76	NA	NA	20.73	15.69	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
26261	A		Extensive finger surgery	9.09	NA	NA	NA	NA	7.85	8.23	1.02	1.02	NA	NA	17.96	18.34	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitioned		Facility		Mal-practice		Non-facility		Transitioned		Facility		Transitioned		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	Total	Non-facility Total	Non-facility Total	Total	
26262	A	A	Partial removal of finger	5.67	NA	NA	10.91	6.59	0.59	17.17	12.85	0.90	NA	NA	NA	17.17	12.85	0.90	NA	0.90	
26320	A	A	Removal of implant from hand	3.98	NA	NA	10.11	5.41	0.45	14.54	9.84	0.90	NA	NA	NA	14.54	9.84	0.90	NA	0.90	
26350	A	A	Repair finger/hand tendon	5.99	NA	NA	14.59	8.32	0.77	21.35	15.08	0.90	NA	NA	NA	21.35	15.08	0.90	NA	0.90	
26352	A	A	Repair/graft hand tendon	7.68	NA	NA	14.85	9.08	0.86	23.39	17.62	0.90	NA	NA	NA	23.39	17.62	0.90	NA	0.90	
26356	A	A	Repair finger/hand tendon	8.07	NA	NA	16.05	9.88	0.97	25.09	18.92	0.90	NA	NA	NA	25.09	18.92	0.90	NA	0.90	
26357	A	A	Repair finger/hand tendon	8.58	NA	NA	16.47	9.47	0.93	25.98	18.98	0.90	NA	NA	NA	25.98	18.98	0.90	NA	0.90	
26358	A	A	Repair/graft hand tendon	9.14	NA	NA	16.24	10.08	0.99	26.37	20.21	0.90	NA	NA	NA	26.37	20.21	0.90	NA	0.90	
26370	A	A	Repair finger/hand tendon	7.11	NA	NA	15.75	9.40	0.88	23.74	17.39	0.90	NA	NA	NA	23.74	17.39	0.90	NA	0.90	
26372	A	A	Repair/graft hand tendon	8.76	NA	NA	16.88	9.42	0.90	26.54	19.08	0.90	NA	NA	NA	26.54	19.08	0.90	NA	0.90	
26373	A	A	Repair finger/hand tendon	8.16	NA	NA	17.96	10.06	0.87	26.99	19.09	0.90	NA	NA	NA	26.99	19.09	0.90	NA	0.90	
26390	A	A	Revise hand/finger tendon	9.19	NA	NA	13.45	9.84	0.96	23.60	19.99	0.90	NA	NA	NA	23.60	19.99	0.90	NA	0.90	
26392	A	A	Repair/graft hand tendon	10.26	NA	NA	17.11	11.28	0.99	28.36	22.53	0.90	NA	NA	NA	28.36	22.53	0.90	NA	0.90	
26410	A	A	Repair hand tendon	4.63	NA	NA	12.06	5.69	0.40	17.09	10.72	0.90	NA	NA	NA	17.09	10.72	0.90	NA	0.90	
26412	A	A	Repair/graft hand tendon	6.31	NA	NA	13.26	8.21	0.76	20.33	15.28	0.90	NA	NA	NA	20.33	15.28	0.90	NA	0.90	
26415	A	A	Excision, hand/finger tendon	8.34	NA	NA	11.82	8.45	0.70	20.86	17.49	0.90	NA	NA	NA	20.86	17.49	0.90	NA	0.90	
26416	A	A	Graft hand or finger tendon	9.37	NA	NA	14.21	10.59	1.10	24.68	21.06	0.90	NA	NA	NA	24.68	21.06	0.90	NA	0.90	
26418	A	A	Repair finger tendon	4.25	NA	NA	11.69	5.84	0.46	16.40	10.55	0.90	NA	NA	NA	16.40	10.55	0.90	NA	0.90	
26420	A	A	Repair/graft finger tendon	6.77	NA	NA	13.24	7.93	0.75	20.76	15.45	0.90	NA	NA	NA	20.76	15.45	0.90	NA	0.90	
26426	A	A	Repair finger/hand tendon	6.15	NA	NA	12.82	8.34	0.84	19.81	15.33	0.90	NA	NA	NA	19.81	15.33	0.90	NA	0.90	
26428	A	A	Repair/graft finger tendon	7.21	NA	NA	13.72	7.91	0.78	21.71	15.90	0.90	NA	NA	NA	21.71	15.90	0.90	NA	0.90	
26432	A	A	Repair finger tendon	4.02	NA	NA	10.02	3.79	0.40	14.44	8.21	0.90	NA	NA	NA	14.44	8.21	0.90	NA	0.90	
26433	A	A	Repair finger tendon	4.56	NA	NA	10.54	5.85	0.52	15.62	10.93	0.90	NA	NA	NA	15.62	10.93	0.90	NA	0.90	
26434	A	A	Repair/graft finger tendon	6.09	NA	NA	14.12	7.56	0.66	20.87	14.31	0.90	NA	NA	NA	20.87	14.31	0.90	NA	0.90	
26437	A	A	Realignment of tendons	5.82	NA	NA	10.95	6.04	0.53	17.30	12.39	0.90	NA	NA	NA	17.30	12.39	0.90	NA	0.90	
26440	A	A	Release palm/finger tendon	5.02	NA	NA	13.66	6.32	0.46	19.14	11.80	0.90	NA	NA	NA	19.14	11.80	0.90	NA	0.90	
26442	A	A	Release palm & finger tendon	8.16	NA	NA	15.21	6.55	0.46	23.83	15.17	0.90	NA	NA	NA	23.83	15.17	0.90	NA	0.90	
26445	A	A	Release hand/finger tendon	4.31	NA	NA	13.47	6.02	0.42	18.20	10.75	0.90	NA	NA	NA	18.20	10.75	0.90	NA	0.90	
26449	A	A	Release forearm/hand tendon	7.00	NA	NA	15.48	8.40	0.75	23.23	16.15	0.90	NA	NA	NA	23.23	16.15	0.90	NA	0.90	
26450	A	A	Incision of palm tendon	3.67	NA	NA	6.92	3.58	0.28	10.87	7.53	0.90	NA	NA	NA	10.87	7.53	0.90	NA	0.90	
26455	A	A	Incision of finger tendon	3.64	NA	NA	6.67	3.21	0.26	10.57	7.11	0.90	NA	NA	NA	10.57	7.11	0.90	NA	0.90	
26460	A	A	Incise hand/finger tendon	3.46	NA	NA	6.56	3.04	0.23	10.25	6.73	0.90	NA	NA	NA	10.25	6.73	0.90	NA	0.90	
26471	A	A	Fusion of finger tendons	5.73	NA	NA	10.69	6.05	0.52	16.94	12.30	0.90	NA	NA	NA	16.94	12.30	0.90	NA	0.90	
26474	A	A	Fusion of finger tendons	5.32	NA	NA	11.05	6.51	0.59	16.96	12.42	0.90	NA	NA	NA	16.96	12.42	0.90	NA	0.90	
26476	A	A	Tendon lengthening	5.18	NA	NA	11.49	5.23	0.21	16.88	10.62	0.90	NA	NA	NA	16.88	10.62	0.90	NA	0.90	
26477	A	A	Tendon shortening	5.15	NA	NA	10.37	5.84	0.57	16.09	11.56	0.90	NA	NA	NA	16.09	11.56	0.90	NA	0.90	
26478	A	A	Lengthening of hand tendon	5.80	NA	NA	11.23	6.31	0.56	17.59	12.67	0.90	NA	NA	NA	17.59	12.67	0.90	NA	0.90	
26479	A	A	Shortening of hand tendon	5.74	NA	NA	11.16	7.10	0.67	17.57	13.51	0.90	NA	NA	NA	17.57	13.51	0.90	NA	0.90	
26480	A	A	Transplant hand tendon	6.69	NA	NA	14.92	9.05	0.87	22.48	16.61	0.90	NA	NA	NA	22.48	16.61	0.90	NA	0.90	
26483	A	A	Transplant/graft hand tendon	8.29	NA	NA	15.45	10.78	1.10	24.84	20.17	0.90	NA	NA	NA	24.84	20.17	0.90	NA	0.90	
26485	A	A	Transplant palm tendon	7.70	NA	NA	16.42	9.39	0.84	24.96	17.93	0.90	NA	NA	NA	24.96	17.93	0.90	NA	0.90	

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## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs			
26489	A		Transplant/graft palm tendon	9.55	NA	NA	NA	NA	12.90	5.99	NA	NA	0.40	0.40	NA	NA	NA	NA	22.85	15.94	15.94	0.90	
26490	A		Revise thumb tendon	8.41	NA	NA	NA	NA	12.38	9.45	NA	NA	1.00	1.00	NA	NA	NA	NA	21.79	18.86	18.86	0.90	
26492	A		Tendon transfer with graft	9.62	NA	NA	NA	NA	14.10	10.65	NA	NA	0.95	0.95	NA	NA	NA	NA	24.67	21.22	21.22	0.90	
26494	A		Hand tendon/muscle transfer	8.47	NA	NA	NA	NA	12.74	9.11	NA	NA	0.96	0.96	NA	NA	NA	NA	22.17	18.54	18.54	0.90	
26496	A		Revise thumb tendon	9.59	NA	NA	NA	NA	12.45	10.22	NA	NA	1.20	1.20	NA	NA	NA	NA	23.24	21.01	21.01	0.90	
26497	A		Finger tendon transfer	9.57	NA	NA	NA	NA	14.97	10.27	NA	NA	1.08	1.08	NA	NA	NA	NA	25.62	20.92	20.92	0.90	
26498	A		Finger tendon transfer	14.00	NA	NA	NA	NA	17.41	13.94	NA	NA	1.60	1.60	NA	NA	NA	NA	33.01	29.54	29.54	0.90	
26499	A		Revision of finger	8.98	NA	NA	NA	NA	12.96	9.55	NA	NA	0.98	0.98	NA	NA	NA	NA	22.92	19.51	19.51	0.90	
26500	A		Hand tendon reconstruction	5.96	NA	NA	NA	NA	11.47	5.71	NA	NA	0.47	0.47	NA	NA	NA	NA	17.90	12.14	12.14	0.90	
26502	A		Hand tendon reconstruction	7.14	NA	NA	NA	NA	12.48	7.41	NA	NA	0.74	0.74	NA	NA	NA	NA	20.36	15.29	15.29	0.90	
26504	A		Hand tendon reconstruction	7.47	NA	NA	NA	NA	15.79	9.42	NA	NA	0.87	0.87	NA	NA	NA	NA	24.13	17.76	17.76	0.90	
26508	A		Release thumb contracture	6.01	NA	NA	NA	NA	10.98	6.12	NA	NA	0.56	0.56	NA	NA	NA	NA	17.55	12.69	12.69	0.90	
26510	A		Thumb tendon transfer	5.43	NA	NA	NA	NA	11.36	6.22	NA	NA	0.53	0.53	NA	NA	NA	NA	17.32	12.18	12.18	0.90	
26516	A		Fusion of knuckle joint	7.15	NA	NA	NA	NA	11.65	6.30	NA	NA	0.52	0.52	NA	NA	NA	NA	19.32	13.97	13.97	0.90	
26517	A		Fusion of knuckle joints	8.83	NA	NA	NA	NA	15.19	9.55	NA	NA	0.96	0.96	NA	NA	NA	NA	24.98	19.34	19.34	0.90	
26518	A		Fusion of knuckle joints	9.02	NA	NA	NA	NA	12.57	8.45	NA	NA	0.95	0.95	NA	NA	NA	NA	22.54	18.42	18.42	0.90	
26520	A		Release knuckle contracture	5.30	NA	NA	NA	NA	13.68	7.07	NA	NA	0.56	0.56	NA	NA	NA	NA	19.54	12.93	12.93	0.90	
26525	A		Release finger contracture	5.33	NA	NA	NA	NA	13.78	6.41	NA	NA	0.49	0.49	NA	NA	NA	NA	19.60	12.23	12.23	0.90	
26530	A		Revise knuckle joint	6.69	NA	NA	NA	NA	14.50	7.83	NA	NA	0.66	0.66	NA	NA	NA	NA	21.85	15.18	15.18	0.90	
26531	A		Revise knuckle with implant	7.91	NA	NA	NA	NA	16.19	9.46	NA	NA	0.87	0.87	NA	NA	NA	NA	24.97	18.24	18.24	0.90	
26535	A		Revise finger joint	5.24	NA	NA	NA	NA	8.09	5.96	NA	NA	0.45	0.45	NA	NA	NA	NA	13.78	11.65	11.65	0.90	
26536	A		Revise/implant finger joint	6.37	NA	NA	NA	NA	13.88	9.18	NA	NA	0.93	0.93	NA	NA	NA	NA	21.18	16.48	16.48	0.90	
26540	A		Repair hand joint	6.43	NA	NA	NA	NA	11.45	8.27	NA	NA	0.88	0.88	NA	NA	NA	NA	18.76	15.58	15.58	0.90	
26541	A		Repair hand joint with graft	8.62	NA	NA	NA	NA	13.06	10.54	NA	NA	1.15	1.15	NA	NA	NA	NA	22.83	20.31	20.31	0.90	
26542	A		Repair hand joint with graft	6.78	NA	NA	NA	NA	11.51	7.49	NA	NA	0.76	0.76	NA	NA	NA	NA	19.05	15.03	15.03	0.90	
26545	A		Reconstruct finger joint	6.92	NA	NA	NA	NA	11.83	7.25	NA	NA	0.74	0.74	NA	NA	NA	NA	19.49	14.91	14.91	0.90	
26546	A		Repair non-union hand	8.92	NA	NA	NA	NA	13.37	9.94	NA	NA	1.04	1.04	NA	NA	NA	NA	23.33	19.90	19.90	0.90	
26548	A		Reconstruct finger joint	8.03	NA	NA	NA	NA	12.54	7.85	NA	NA	0.78	0.78	NA	NA	NA	NA	21.35	16.66	16.66	0.90	
26550	A		Construct thumb replacement	21.24	NA	NA	NA	NA	24.06	22.14	NA	NA	2.53	2.53	NA	NA	NA	NA	47.83	45.91	45.91	0.90	
26551	A		Great toe-hand transfer	46.58	NA	NA	NA	NA	34.04	42.90	NA	NA	5.41	5.41	NA	NA	NA	NA	86.03	94.89	94.89	0.90	
26553	A		Single toe-hand transfer	46.27	NA	NA	NA	NA	25.35	40.49	NA	NA	5.37	5.37	NA	NA	NA	NA	76.99	92.13	92.13	0.90	
26554	A		Double toe-hand transfer	54.95	NA	NA	NA	NA	34.94	49.48	NA	NA	6.42	6.42	NA	NA	NA	NA	96.31	110.85	110.85	0.90	
26555	A		Positional change of finger	16.63	NA	NA	NA	NA	17.60	16.94	NA	NA	1.97	1.97	NA	NA	NA	NA	36.20	35.54	35.54	0.90	
26556	A		Toe joint transfer	47.26	NA	NA	NA	NA	25.72	41.16	NA	NA	5.47	5.47	NA	NA	NA	NA	78.45	93.89	93.89	0.90	
26560	A		Repair of web finger	5.38	NA	NA	NA	NA	11.15	6.58	NA	NA	0.52	0.52	NA	NA	NA	NA	17.05	12.48	12.48	0.90	
26561	A		Repair of web finger	10.92	NA	NA	NA	NA	15.44	11.10	NA	NA	1.22	1.22	NA	NA	NA	NA	27.58	23.24	23.24	0.90	
26562	A		Repair of web finger	9.68	NA	NA	NA	NA	13.13	11.95	NA	NA	0.64	0.64	NA	NA	NA	NA	23.45	22.27	22.27	0.90	
26565	A		Correct metacarpal flaw	6.74	NA	NA	NA	NA	12.11	7.77	NA	NA	0.66	0.66	NA	NA	NA	NA	19.51	15.17	15.17	0.90	
26567	A		Correct finger deformity	6.82	NA	NA	NA	NA	11.51	6.36	NA	NA	0.52	0.52	NA	NA	NA	NA	18.85	13.70	13.70	0.90	
26568	A		Lengthen metacarpal/finger	9.08	NA	NA	NA	NA	13.54	10.26	NA	NA	0.83	0.83	NA	NA	NA	NA	23.45	20.17	20.17	0.90	

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CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
26580	A		Repair hand deformity	18.18	NA	NA	13.76	17.19	2.16	NA	NA	NA	2.16	NA	NA	NA	NA	NA	34.10	37.53	090	090	
26585	A		Repair finger deformity	14.05	NA	NA	12.08	13.56	1.66	NA	NA	NA	1.66	NA	NA	NA	NA	NA	27.79	29.27	090	090	
26587	C		Reconstruct extra finger	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
26590	A		Repair finger deformity	17.96	NA	NA	11.39	16.39	2.13	NA	NA	NA	2.13	NA	NA	NA	NA	NA	31.48	36.48	090	090	
26591	A		Repair muscles of hand	3.25	NA	NA	10.36	4.46	0.31	NA	NA	NA	0.31	NA	NA	NA	NA	NA	13.92	8.02	090	090	
26593	A		Release muscles of hand	5.31	NA	NA	10.46	5.97	0.55	NA	NA	NA	0.55	NA	NA	NA	NA	NA	16.32	11.83	090	090	
26596	A		Excision constricting tissue	8.95	NA	NA	8.72	8.89	1.06	NA	NA	NA	1.06	NA	NA	NA	NA	NA	18.73	18.90	090	090	
26597	A		Release of scar contracture	9.82	NA	NA	13.35	9.86	1.07	NA	NA	NA	1.07	NA	NA	NA	NA	NA	24.24	20.75	090	090	
26600	A		Treat metacarpal fracture	1.96	5.39	2.60	1.91	1.11	0.17	7.52	10.00	4.73	0.28	10.00	7.52	10.00	4.73	4.04	3.24	3.24	3.24	090	090
26605	A		Treat metacarpal fracture	2.85	6.87	3.59	3.40	1.79	0.28	10.00	10.00	6.72	0.45	10.00	10.00	6.72	6.53	6.53	6.53	6.53	6.53	090	090
26607	A		Treat metacarpal fracture	5.36	NA	NA	7.07	4.66	0.45	NA	NA	NA	0.45	NA	NA	NA	NA	NA	12.88	10.47	090	090	
26608	A		Treat metacarpal fracture	5.36	NA	NA	6.74	4.57	0.45	NA	NA	NA	0.45	NA	NA	NA	NA	NA	12.55	10.38	090	090	
26615	A		Repair metacarpal fracture	5.33	NA	NA	6.19	5.52	0.63	NA	NA	NA	0.63	NA	NA	NA	NA	NA	12.15	11.48	090	090	
26641	A		Treat thumb dislocation	3.94	7.05	2.66	3.25	1.71	0.11	11.10	11.10	6.71	0.11	11.10	11.10	6.71	7.30	7.30	7.30	7.30	7.30	090	090
26645	A		Treat thumb fracture	4.41	7.65	3.71	4.08	2.81	0.26	12.32	12.32	8.38	0.26	12.32	12.32	8.38	8.75	8.75	8.75	8.75	8.75	090	090
26650	A		Repair thumb fracture	5.72	NA	NA	6.85	4.98	0.50	NA	NA	NA	0.50	NA	NA	NA	NA	NA	13.07	11.20	090	090	
26665	A		Repair thumb fracture	7.60	NA	NA	7.37	7.04	0.85	NA	NA	NA	0.85	NA	NA	NA	NA	NA	15.82	15.49	090	090	
26670	A		Treat hand dislocation	3.69	7.02	2.54	3.04	1.54	0.08	10.79	10.79	6.31	0.08	10.79	10.79	6.31	6.81	6.81	6.81	6.81	6.81	090	090
26675	A		Treat hand dislocation	4.64	6.66	5.20	3.25	4.35	0.47	11.77	11.77	10.31	0.47	11.77	11.77	10.31	10.31	10.31	10.31	10.31	10.31	090	090
26676	A		Pin hand dislocation	5.52	NA	NA	6.94	5.69	0.52	NA	NA	NA	0.52	NA	NA	NA	NA	NA	12.98	11.73	090	090	
26685	A		Repair hand dislocation	6.98	NA	NA	7.61	6.59	0.71	NA	NA	NA	0.71	NA	NA	NA	NA	NA	15.30	14.28	090	090	
26686	A		Repair hand dislocation	7.94	NA	NA	7.43	7.00	0.81	NA	NA	NA	0.81	NA	NA	NA	NA	NA	16.18	15.75	090	090	
26700	A		Treat knuckle dislocation	3.69	3.74	1.66	2.08	1.24	0.08	7.51	7.51	5.43	0.08	7.51	7.51	5.43	5.85	5.85	5.85	5.85	5.85	090	090
26705	A		Treat knuckle dislocation	4.19	6.78	3.14	3.42	2.30	0.21	11.18	11.18	7.54	0.21	11.18	11.18	7.54	7.82	7.82	7.82	7.82	7.82	090	090
26706	A		Pin knuckle dislocation	5.12	NA	NA	4.91	5.04	0.59	NA	NA	NA	0.59	NA	NA	NA	NA	NA	10.62	10.75	090	090	
26715	A		Repair knuckle dislocation	5.74	NA	NA	6.47	4.98	0.52	NA	NA	NA	0.52	NA	NA	NA	NA	NA	12.73	11.24	090	090	
26720	A		Treat finger fracture, each	1.66	2.26	1.46	1.31	0.78	0.12	4.04	4.04	3.24	0.12	4.04	4.04	3.24	3.09	3.09	3.09	3.09	3.09	090	090
26725	A		Treat finger fracture, each	3.33	4.02	2.26	2.75	1.32	0.18	7.53	7.53	5.77	0.18	7.53	7.53	5.77	6.26	6.26	6.26	6.26	6.26	090	090
26727	A		Treat finger fracture, each	5.23	NA	NA	6.71	3.67	0.30	NA	NA	NA	0.30	NA	NA	NA	NA	NA	12.24	9.20	090	090	
26735	A		Repair finger fracture, each	5.98	NA	NA	6.33	4.62	0.48	NA	NA	NA	0.48	NA	NA	NA	NA	NA	12.79	11.08	090	090	
26740	A		Treat finger fracture, each	1.94	2.78	1.64	2.14	1.01	0.13	4.85	4.85	3.71	0.13	4.85	4.85	3.71	3.71	3.71	4.21	3.08	090	090	
26742	A		Treat finger fracture, each	3.85	7.66	3.53	4.09	2.64	0.25	11.76	11.76	7.63	0.25	11.76	11.76	7.63	8.19	8.19	8.19	8.19	8.19	090	090
26746	A		Repair finger fracture, each	5.81	NA	NA	6.56	5.50	0.63	NA	NA	NA	0.63	NA	NA	NA	NA	NA	13.00	11.94	090	090	
26750	A		Treat finger fracture, each	1.70	2.60	1.33	1.57	1.07	0.08	4.38	4.38	3.11	0.08	4.38	4.38	3.11	3.35	3.35	3.35	3.35	3.35	090	090
26755	A		Treat finger fracture, each	3.10	3.83	1.84	2.41	1.48	0.12	7.05	7.05	5.06	0.12	7.05	7.05	5.06	5.63	5.63	5.63	5.63	5.63	090	090
26756	A		Pin finger fracture, each	4.39	NA	NA	6.26	3.11	0.26	NA	NA	NA	0.26	NA	NA	NA	NA	NA	10.91	7.76	090	090	
26765	A		Repair finger fracture, each	4.17	NA	NA	5.47	3.54	0.35	NA	NA	NA	0.35	NA	NA	NA	NA	NA	9.99	8.06	090	090	
26770	A		Treat finger dislocation	3.02	3.51	1.49	1.77	1.06	0.06	6.59	6.59	4.57	0.06	6.59	6.59	4.57	4.85	4.85	4.85	4.85	4.85	090	090
26775	A		Treat finger dislocation	3.71	6.32	2.50	2.98	1.67	0.13	10.16	10.16	6.34	0.13	10.16	10.16	6.34	6.82	6.82	6.82	6.82	6.82	090	090
26776	A		Pin finger dislocation	4.80	NA	NA	6.51	3.32	0.27	NA	NA	NA	0.27	NA	NA	NA	NA	NA	11.58	8.39	090	090	

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					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs		practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
27066	A		Removal of hip bone lesion	10.33	NA	NA	NA	NA	10.53	9.06	1.02	NA	NA	NA	NA	21.88	20.41	NA	NA	090
27067	A		Remove/graft hip bone lesion	13.83	NA	NA	NA	NA	12.72	12.65	1.51	NA	NA	NA	NA	28.06	27.99	NA	NA	090
27070	A		Partial removal of hip bone	10.72	NA	NA	NA	NA	16.32	10.11	0.95	NA	NA	NA	NA	27.99	21.78	NA	NA	090
27071	A		Partial removal of hip bone	11.46	NA	NA	NA	NA	16.83	11.12	1.13	NA	NA	NA	NA	29.42	23.71	NA	NA	090
27075	A		Extensive hip surgery	17.23	NA	NA	NA	NA	13.68	14.44	1.82	NA	NA	NA	NA	32.73	33.49	NA	NA	090
27076	A		Extensive hip surgery	22.12	NA	NA	NA	NA	17.52	17.71	2.04	NA	NA	NA	NA	41.68	41.87	NA	NA	090
27077	A		Extensive hip surgery	23.13	NA	NA	NA	NA	16.76	19.64	2.53	NA	NA	NA	NA	42.42	45.30	NA	NA	090
27078	A		Extensive hip surgery	13.44	NA	NA	NA	NA	12.57	10.63	1.31	NA	NA	NA	NA	27.32	25.38	NA	NA	090
27079	A		Extensive hip surgery	13.75	NA	NA	NA	NA	11.30	9.86	1.30	NA	NA	NA	NA	26.35	24.91	NA	NA	090
27080	A		Removal of tail bone	6.39	NA	NA	NA	NA	5.83	5.35	0.68	NA	NA	NA	NA	12.90	12.42	NA	NA	090
27086	A		Remove hip foreign body	1.87	3.83	1.43	2.96	0.98	7.62	4.85	0.05	NA	NA	NA	NA	4.88	2.90	NA	NA	010
27087	A		Remove hip foreign body	8.54	NA	NA	NA	NA	10.08	9.92	1.14	NA	NA	NA	NA	16.63	13.86	NA	NA	090
27090	A		Removal of hip prosthesis	11.15	NA	NA	NA	NA	15.01	19.88	2.47	NA	NA	NA	NA	22.37	22.21	NA	NA	090
27091	A		Removal of hip prosthesis	22.14	NA	NA	NA	NA	15.01	19.88	2.47	NA	NA	NA	NA	39.62	44.49	NA	NA	090
27093	A		Injection for hip x-ray	1.30	10.85	3.38	0.41	0.77	0.46	0.87	0.10	NA	NA	NA	NA	1.80	2.16	NA	NA	000
27095	A		Injection for hip x-ray	1.50	11.00	3.51	0.46	0.87	0.46	0.87	0.10	NA	NA	NA	NA	2.06	2.47	NA	NA	000
27097	A		Revision of hip tendon	8.80	NA	NA	NA	NA	8.09	8.30	0.99	NA	NA	NA	NA	17.88	18.09	NA	NA	090
27098	A		Transfer tendon to pelvis	8.83	NA	NA	NA	NA	8.24	8.34	0.99	NA	NA	NA	NA	18.06	18.16	NA	NA	090
27100	A		Transfer of abdominal muscle	11.08	NA	NA	NA	NA	10.70	8.92	1.11	NA	NA	NA	NA	22.89	21.11	NA	NA	090
27105	A		Transfer of spinal muscle	11.77	NA	NA	NA	NA	10.29	7.37	1.06	NA	NA	NA	NA	23.12	20.20	NA	NA	090
27110	A		Transfer of iliopsoas muscle	13.26	NA	NA	NA	NA	11.68	11.55	1.46	NA	NA	NA	NA	26.40	26.27	NA	NA	090
27111	A		Transfer of iliopsoas muscle	12.15	NA	NA	NA	NA	10.62	12.12	1.29	NA	NA	NA	NA	24.06	25.56	NA	NA	090
27120	A		Reconstruction of hip socket	18.01	NA	NA	NA	NA	13.17	18.02	2.31	NA	NA	NA	NA	33.49	38.34	NA	NA	090
27122	A		Reconstruction of hip socket	14.98	NA	NA	NA	NA	12.65	16.58	2.30	NA	NA	NA	NA	29.93	33.86	NA	NA	090
27125	A		Partial hip replacement	14.69	NA	NA	NA	NA	12.23	16.21	2.35	NA	NA	NA	NA	29.27	33.25	NA	NA	090
27130	A		Total hip replacement	20.12	NA	NA	NA	NA	15.48	21.89	3.58	NA	NA	NA	NA	39.18	45.59	NA	NA	090
27132	A		Total hip replacement	23.30	NA	NA	NA	NA	17.20	25.17	3.98	NA	NA	NA	NA	44.48	52.45	NA	NA	090
27134	A		Revise hip joint replacement	28.52	NA	NA	NA	NA	19.89	30.50	4.66	NA	NA	NA	NA	53.07	63.68	NA	NA	090
27137	A		Revise hip joint replacement	21.17	NA	NA	NA	NA	16.18	23.01	3.77	NA	NA	NA	NA	41.12	47.95	NA	NA	090
27138	A		Revise hip joint replacement	22.17	NA	NA	NA	NA	16.62	23.88	3.58	NA	NA	NA	NA	42.37	49.63	NA	NA	090
27140	A		Transplant of femur ridge	12.24	NA	NA	NA	NA	10.52	11.62	1.34	NA	NA	NA	NA	24.10	25.20	NA	NA	090
27146	A		Incision of hip bone	17.43	NA	NA	NA	NA	14.42	12.46	1.06	NA	NA	NA	NA	32.91	30.95	NA	NA	090
27147	A		Revision of hip bone	20.58	NA	NA	NA	NA	14.91	17.54	2.16	NA	NA	NA	NA	37.65	40.28	NA	NA	090
27151	A		Incision of hip bones	22.51	NA	NA	NA	NA	16.63	18.57	2.27	NA	NA	NA	NA	41.41	43.35	NA	NA	090
27156	A		Revision of hip bones	24.63	NA	NA	NA	NA	17.77	19.35	2.41	NA	NA	NA	NA	44.81	46.39	NA	NA	090
27158	A		Revision of pelvis	19.74	NA	NA	NA	NA	15.76	15.68	2.07	NA	NA	NA	NA	37.57	37.49	NA	NA	090
27161	A		Incision of neck of femur	16.71	NA	NA	NA	NA	13.50	15.02	1.81	NA	NA	NA	NA	32.02	33.54	NA	NA	090
27165	A		Incision/fixation of femur	17.91	NA	NA	NA	NA	13.51	17.02	2.06	NA	NA	NA	NA	33.48	36.99	NA	NA	090
27170	A		Repair/graft femur head/neck	16.07	NA	NA	NA	NA	12.78	16.55	2.07	NA	NA	NA	NA	30.92	34.69	NA	NA	090
27175	A		Treat slipped epiphysis	8.46	NA	NA	NA	NA	6.97	2.70	0.14	NA	NA	NA	NA	15.57	11.30	NA	NA	090

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3 \*Indicates RVUs are not used for Medicare payment.

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitioned		Transitioned		Transitioned		Global	
					Non-facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Mal- practice RVUs	Non-facility		Facility		
										Total	Non-facility	Total		Facility
27176	A	A	Treat slipped epiphysis	12.05	NA	NA	8.65	10.62	1.33	NA	NA	22.03	24.00	090
27177	A	A	Repair slipped epiphysis	15.08	NA	NA	10.52	12.72	1.60	NA	NA	27.20	29.40	090
27178	A	A	Repair slipped epiphysis	11.99	NA	NA	7.05	10.28	1.21	NA	NA	20.25	23.48	090
27179	A	A	Revise head/neck of femur	12.98	NA	NA	9.31	11.40	1.43	NA	NA	23.72	25.81	090
27181	A	A	Repair slipped epiphysis	14.68	NA	NA	9.94	13.18	1.69	NA	NA	26.31	29.55	090
27185	A	A	Revision of femur epiphysis	9.18	NA	NA	8.33	4.34	0.68	NA	NA	18.19	14.20	090
27187	A	A	Reinforce hip bones	13.54	NA	NA	11.68	15.04	2.16	NA	NA	27.38	30.74	090
27193	A	A	Treat pelvic ring fracture	5.56	5.89	3.44	4.77	3.16	0.31	11.76	9.31	10.64	9.03	090
27194	A	A	Treat pelvic ring fracture	9.65	7.91	5.15	7.06	4.94	0.39	17.95	15.19	17.10	14.98	090
27200	A	A	Treat tail bone fracture	1.84	2.31	1.79	1.45	1.58	0.13	4.28	3.76	3.42	3.55	090
27202	A	A	Repair tail bone fracture	7.04	NA	NA	20.72	10.18	0.70	NA	NA	28.46	17.92	090
27215	A	A	Pelvic fracture(s) treatment	10.05	NA	NA	7.93	10.98	1.82	NA	NA	19.80	22.85	090
27216	A	A	Treat pelvic ring fracture	15.19	NA	NA	13.11	6.78	0.52	NA	NA	28.82	22.49	090
27217	A	A	Treat pelvic ring fracture	14.11	NA	NA	11.19	14.64	1.82	NA	NA	27.12	30.57	090
27218	A	A	Treat pelvic ring fracture	20.15	NA	NA	13.82	15.30	1.82	NA	NA	35.79	37.27	090
27220	A	A	Treat hip socket fracture	6.18	6.22	5.02	5.13	4.75	0.50	12.90	11.70	11.81	11.43	090
27222	A	A	Treat hip socket fracture	12.70	NA	NA	9.72	7.61	0.81	NA	NA	23.23	21.12	090
27226	A	A	Treat hip wall fracture	14.91	NA	NA	7.08	14.62	1.97	NA	NA	23.96	31.50	090
27227	A	A	Treat hip fracture(s)	23.45	NA	NA	15.57	19.93	2.50	NA	NA	41.52	45.88	090
27228	A	A	Treat hip fracture(s)	27.16	NA	NA	18.13	20.77	2.50	NA	NA	47.79	50.43	090
27230	A	A	Treat fracture of thigh	5.50	6.03	4.19	5.06	3.95	0.32	11.85	10.01	10.88	9.77	090
27232	A	A	Treat fracture of thigh	10.68	NA	NA	9.18	9.61	1.14	NA	NA	21.00	21.43	090
27235	A	A	Repair of thigh fracture	12.16	NA	NA	10.96	13.63	2.03	NA	NA	25.15	27.82	090
27236	A	A	Repair of thigh fracture	15.60	NA	NA	12.82	16.97	2.12	NA	NA	30.54	34.69	090
27238	A	A	Treatment of thigh fracture	5.52	NA	NA	5.36	5.34	0.56	NA	NA	11.44	11.42	090
27240	A	A	Treatment of thigh fracture	12.50	NA	NA	10.56	10.54	1.20	NA	NA	24.26	24.24	090
27244	A	A	Repair of thigh fracture	15.94	NA	NA	12.95	16.51	2.05	NA	NA	30.94	34.50	090
27245	A	A	Repair of thigh fracture	20.31	NA	NA	15.41	17.12	2.05	NA	NA	37.77	39.48	090
27246	A	A	Treatment of thigh fracture	4.71	5.78	4.60	5.18	4.45	0.47	10.96	9.78	10.36	9.63	090
27248	A	A	Repair of thigh fracture	10.45	NA	NA	9.93	11.84	1.65	NA	NA	22.03	23.94	090
27250	A	A	Treat hip dislocation	6.95	NA	NA	4.49	3.72	0.35	NA	NA	11.79	11.02	090
27252	A	A	Treat hip dislocation	10.39	NA	NA	7.38	5.38	0.53	NA	NA	18.30	16.30	090
27253	A	A	Repair of hip dislocation	12.92	NA	NA	9.84	13.16	1.65	NA	NA	24.41	27.73	090
27254	A	A	Repair of hip dislocation	18.26	NA	NA	12.56	14.11	1.78	NA	NA	32.60	34.15	090
27256	A	A	Treatment of hip dislocation	4.12	NA	NA	3.30	2.36	0.24	NA	NA	7.66	6.72	010
27257	A	A	Treatment of hip dislocation	5.22	NA	NA	3.70	4.68	0.57	NA	NA	9.49	10.47	010
27258	A	A	Repair of hip dislocation	15.43	NA	NA	12.56	14.32	1.76	NA	NA	29.75	31.51	090
27259	A	A	Repair of hip dislocation	21.55	NA	NA	13.24	17.31	2.21	NA	NA	37.00	41.07	090
27265	A	A	Treatment of hip dislocation	5.05	NA	NA	4.89	4.04	0.42	NA	NA	10.36	9.51	090
27266	A	A	Treatment of hip dislocation	7.49	NA	NA	6.49	5.25	0.56	NA	NA	14.54	13.30	090



# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non- facility		Transitional Non-facility		Facility		Mal- practice		Transitional Non-facility		Facility		Transitional Facility		Global
					RVUs	expense	RVUs	expense	RVUs	practice expense	RVUs	practice expense	RVUs	expense	RVUs	practice expense	RVUs	expense	
27275	A		Manipulation of hip joint	2.27	NA	NA	NA	NA	2.93	2.93	0.23	2.26	NA	NA	5.43	4.76	NA	4.76	010
27280	A		Fusion of sacroiliac joint	13.39	NA	NA	NA	NA	12.87	11.41	1.38	11.41	NA	NA	27.64	26.18	NA	26.18	090
27282	A		Fusion of pubic bones	11.34	NA	NA	NA	NA	10.13	9.87	1.32	9.87	NA	NA	22.79	22.53	NA	22.53	090
27284	A		Fusion of hip joint	16.76	NA	NA	NA	NA	14.10	15.33	1.88	15.33	NA	NA	32.74	33.97	NA	33.97	090
27286	A		Fusion of hip joint	16.79	NA	NA	NA	NA	13.42	15.73	1.77	15.73	NA	NA	31.98	34.29	NA	34.29	090
27290	A		Amputation of leg at hip	23.28	NA	NA	NA	NA	14.86	24.39	3.68	24.39	NA	NA	41.82	51.35	NA	51.35	090
27295	A		Amputation of leg at hip	18.65	NA	NA	NA	NA	12.59	16.61	2.31	16.61	NA	NA	33.55	37.57	NA	37.57	090
27299	C		Pelvis/hip joint surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
27301	A		Drain thigh/knee lesion	6.49	10.28	4.57	9.49	4.38	11.94	7.76	0.31	4.38	17.08	11.37	16.29	11.18	NA	11.18	090
27303	A		Drainage of bone lesion	8.28	NA	NA	NA	NA	7.10	4.87	0.75	4.87	NA	NA	20.97	16.79	NA	16.79	090
27305	A		Incise thigh tendon & fascia	5.92	NA	NA	NA	NA	5.84	3.08	0.53	3.08	NA	NA	13.55	11.32	NA	11.32	090
27306	A		Incision of thigh tendon	4.62	NA	NA	NA	NA	6.43	4.06	0.38	4.06	NA	NA	10.71	7.95	NA	7.95	090
27307	A		Incision of thigh tendons	5.80	NA	NA	NA	NA	9.11	10.09	1.18	10.09	NA	NA	19.56	20.54	NA	20.54	090
27310	A		Exploration of knee joint	9.27	NA	NA	NA	NA	4.51	5.51	0.75	5.51	NA	NA	12.23	13.23	NA	13.23	090
27315	A		Partial removal, thigh nerve	6.97	NA	NA	NA	NA	4.14	5.25	0.57	5.25	NA	NA	11.01	12.12	NA	12.12	090
27320	A		Partial removal, thigh nerve	6.30	NA	NA	NA	NA	2.64	1.04	0.10	1.04	6.31	4.11	5.02	3.42	NA	3.42	010
27323	A		Biopsy thigh soft tissues	2.28	3.93	NA	NA	NA	5.29	3.46	0.35	3.46	NA	NA	10.54	8.71	NA	8.71	090
27324	A		Biopsy thigh soft tissues	4.90	NA	NA	NA	NA	4.74	3.05	0.31	3.05	10.35	8.04	9.52	7.83	NA	7.83	090
27327	A		Removal of thigh lesion	4.47	5.57	NA	NA	NA	5.50	4.69	0.57	4.69	NA	NA	11.64	10.83	NA	10.83	090
27328	A		Removal of thigh lesion	5.57	NA	NA	NA	NA	11.60	12.42	1.67	12.42	NA	NA	27.41	28.23	NA	28.23	090
27329	A		Remove tumor, thigh/knee	14.14	NA	NA	NA	NA	5.40	5.81	0.93	5.81	NA	NA	11.30	11.71	NA	11.71	090
27330	A		Biopsy knee joint lining	4.97	NA	NA	NA	NA	6.48	6.89	1.17	6.89	NA	NA	13.53	13.94	NA	13.94	090
27331	A		Explore/treat knee joint	5.88	NA	NA	NA	NA	7.44	9.27	1.35	9.27	NA	NA	17.06	18.89	NA	18.89	090
27332	A		Removal of knee cartilage	8.27	NA	NA	NA	NA	7.27	8.35	1.97	8.35	NA	NA	16.54	17.62	NA	17.62	090
27333	A		Removal of knee cartilage	7.30	NA	NA	NA	NA	8.45	9.91	1.38	9.91	NA	NA	18.53	19.99	NA	19.99	090
27334	A		Remove knee joint lining	8.70	NA	NA	NA	NA	9.39	11.30	1.60	11.30	NA	NA	20.99	22.90	NA	22.90	090
27335	A		Remove knee joint lining	10.00	NA	NA	NA	NA	4.89	4.36	0.49	4.36	NA	NA	9.56	9.03	NA	9.03	090
27340	A		Removal of kneecap bursa	4.18	NA	NA	NA	NA	6.35	6.17	0.74	6.17	NA	NA	13.01	12.83	NA	12.83	090
27345	A		Removal of knee cyst	5.92	NA	NA	NA	NA	2.44	2.83	0.74	2.83	8.96	8.96	9.35	9.35	NA	9.35	090
27347	A		Remove knee cyst	5.78	2.44	NA	NA	NA	7.83	9.28	1.20	9.28	NA	NA	17.20	18.65	NA	18.65	090
27350	A		Removal of kneecap	8.17	NA	NA	NA	NA	8.52	8.30	0.96	8.30	NA	NA	17.13	16.91	NA	16.91	090
27355	A		Remove femur lesion	7.65	NA	NA	NA	NA	9.78	9.12	1.05	9.12	NA	NA	20.31	19.65	NA	19.65	090
27356	A		Remove femur lesion/graft	9.48	NA	NA	NA	NA	9.99	9.66	1.12	9.66	NA	NA	21.64	21.31	NA	21.31	090
27357	A		Remove femur lesion/graft	10.53	NA	NA	NA	NA	2.77	4.40	0.56	4.40	NA	NA	8.07	9.70	NA	9.70	ZZZ
27358	A		Remove femur lesion/fixation	4.74	NA	NA	NA	NA	16.51	11.10	1.10	11.10	NA	NA	28.11	22.70	NA	22.70	090
27360	A		Partial removal leg bone(s)	10.50	NA	NA	NA	NA	12.75	14.54	1.90	14.54	NA	NA	30.92	32.71	NA	32.71	090
27365	A		Extensive leg surgery	16.27	NA	NA	NA	NA	0.26	0.55	0.04	0.55	11.43	4.10	1.26	1.55	NA	1.55	000
27370	A		Injection for knee x-ray	0.96	10.43	3.10	0.26	0.55	5.24	4.09	0.42	4.09	11.30	9.73	10.73	9.58	NA	9.58	090
27372	A		Removal of foreign body	5.07	5.81	4.24	5.24	4.09	7.59	8.31	1.01	8.31	NA	NA	15.76	16.48	NA	16.48	090
27380	A		Repair of kneecap tendon	7.16	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	090

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Mal- practice RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Global
					practice expense RVUs	Non-facility practice expense RVUs	practice expense RVUs	Non-facility practice expense RVUs	practice expense RVUs	Non-facility practice expense RVUs		practice expense RVUs	Non-facility practice expense RVUs					
27381	A		Repair/graft kneecap tendon	10.34	NA	NA	9.16	NA	11.46	1.42	NA	11.46	NA	NA	NA	20.92	23.22	090
27385	A		Repair of thigh muscle	7.76	NA	NA	7.95	NA	8.94	1.11	NA	8.94	NA	NA	NA	16.82	17.81	090
27386	A		Repair/graft of thigh muscle	10.56	NA	NA	9.80	NA	11.91	1.58	NA	11.91	NA	NA	NA	21.94	24.05	090
27390	A		Incision of thigh tendon	5.33	NA	NA	6.35	NA	5.14	0.56	NA	5.14	NA	NA	NA	12.24	11.03	090
27391	A		Incision of thigh tendons	7.20	NA	NA	7.44	NA	6.27	0.70	NA	6.27	NA	NA	NA	15.34	14.17	090
27392	A		Incision of thigh tendons	9.20	NA	NA	9.16	NA	8.53	1.00	NA	8.53	NA	NA	NA	19.36	18.73	090
27393	A		Lengthening of thigh tendon	6.39	NA	NA	7.35	NA	6.45	0.73	NA	6.45	NA	NA	NA	14.47	13.57	090
27394	A		Lengthening of thigh tendons	8.50	NA	NA	8.79	NA	6.86	0.74	NA	6.86	NA	NA	NA	18.03	16.10	090
27395	A		Lengthening of thigh tendons	11.73	NA	NA	11.28	NA	11.35	1.29	NA	11.35	NA	NA	NA	24.30	24.37	090
27396	A		Transplant of thigh tendon	7.86	NA	NA	8.63	NA	7.90	0.87	NA	7.90	NA	NA	NA	17.36	16.63	090
27397	A		Transplants of thigh tendons	11.28	NA	NA	10.10	NA	9.76	1.13	NA	9.76	NA	NA	NA	22.51	22.17	090
27400	A		Revise thigh muscles/tendons	9.02	NA	NA	8.46	NA	8.54	0.97	NA	8.54	NA	NA	NA	18.45	18.53	090
27403	A		Repair of knee cartilage	8.33	NA	NA	7.70	NA	9.08	1.13	NA	9.08	NA	NA	NA	17.16	18.54	090
27405	A		Repair of knee ligament	8.65	NA	NA	8.35	NA	9.84	1.31	NA	9.84	NA	NA	NA	18.31	19.80	090
27407	A		Repair of knee ligament	10.28	NA	NA	8.91	NA	9.45	1.11	NA	9.45	NA	NA	NA	20.30	20.84	090
27409	A		Repair of knee ligaments	12.90	NA	NA	10.97	NA	14.29	1.94	NA	14.29	NA	NA	NA	25.81	29.13	090
27418	A		Repair degenerated kneecap	10.85	NA	NA	9.80	NA	12.17	1.45	NA	12.17	NA	NA	NA	22.10	24.47	090
27420	A		Revision of unstable kneecap	9.83	NA	NA	8.80	NA	11.00	1.36	NA	11.00	NA	NA	NA	19.99	22.19	090
27422	A		Revision of unstable kneecap	9.78	NA	NA	8.72	NA	10.94	1.43	NA	10.94	NA	NA	NA	19.93	22.15	090
27424	A		Revision/removal of kneecap	9.81	NA	NA	8.60	NA	10.93	1.48	NA	10.93	NA	NA	NA	19.89	22.22	090
27425	A		Lateral retinacular release	5.22	NA	NA	6.12	NA	6.20	0.84	NA	6.20	NA	NA	NA	12.18	12.26	090
27427	A		Reconstruction, knee	9.36	NA	NA	8.22	NA	10.44	1.76	NA	10.44	NA	NA	NA	19.34	21.56	090
27428	A		Reconstruction, knee	14.00	NA	NA	11.53	NA	14.01	2.12	NA	14.01	NA	NA	NA	27.65	30.13	090
27429	A		Reconstruction, knee	15.52	NA	NA	11.85	NA	12.14	1.43	NA	12.14	NA	NA	NA	28.80	29.09	090
27430	A		Revision of thigh muscles	9.67	NA	NA	8.49	NA	9.74	1.17	NA	9.74	NA	NA	NA	19.33	20.58	090
27435	A		Incision of knee joint	9.49	NA	NA	8.33	NA	7.81	0.88	NA	7.81	NA	NA	NA	18.70	18.18	090
27437	A		Revise kneecap	8.46	NA	NA	8.87	NA	9.79	1.21	NA	9.79	NA	NA	NA	18.54	19.46	090
27438	A		Revise kneecap with implant	11.23	NA	NA	9.79	NA	12.50	1.67	NA	12.50	NA	NA	NA	22.69	25.40	090
27440	A		Revision of knee joint	10.43	NA	NA	5.22	NA	10.64	1.64	NA	10.64	NA	NA	NA	17.29	22.71	090
27441	A		Revision of knee joint	10.82	NA	NA	5.83	NA	8.90	1.18	NA	8.90	NA	NA	NA	17.83	20.90	090
27442	A		Revision of knee joint	11.89	NA	NA	10.21	NA	13.20	2.39	NA	13.20	NA	NA	NA	24.49	27.48	090
27443	A		Revision of knee joint	10.93	NA	NA	10.10	NA	12.31	2.61	NA	12.31	NA	NA	NA	23.64	25.85	090
27445	A		Revision of knee joint	17.68	NA	NA	13.37	NA	19.18	3.29	NA	19.18	NA	NA	NA	34.34	40.15	090
27446	A		Revision of knee joint	15.84	NA	NA	12.92	NA	17.41	3.03	NA	17.41	NA	NA	NA	31.79	36.28	090
27447	A		Total knee replacement	21.48	NA	NA	15.61	NA	23.13	3.87	NA	23.13	NA	NA	NA	40.96	48.48	090
27448	A		Incision of thigh	11.06	NA	NA	10.50	NA	12.53	1.64	NA	12.53	NA	NA	NA	23.20	25.23	090
27450	A		Incision of thigh	13.98	NA	NA	12.19	NA	15.13	1.85	NA	15.13	NA	NA	NA	28.02	30.96	090
27454	A		Realignment of thigh bone	17.56	NA	NA	14.11	NA	16.31	2.21	NA	16.31	NA	NA	NA	33.88	36.08	090
27455	A		Realignment of knee	12.82	NA	NA	11.31	NA	12.60	1.53	NA	12.60	NA	NA	NA	25.66	26.95	090
27457	A		Realignment of knee	13.45	NA	NA	10.45	NA	13.44	1.67	NA	13.44	NA	NA	NA	25.57	28.56	090

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CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Facility		Transitioned Non- facility		Transitioned Facility		Global	
					practice expense RVUs	Non- facility practice expense RVUs	Facility practice expense RVUs	Mal- practice RVUs	Non- facility Total	Non- facility Total	Facility Total			
												practice expense RVUs		Non- facility practice expense RVUs
227465		A	Shortening of thigh bone	13.87	NA	NA	11.89	12.93	1.56	NA	NA	27.32	28.36	090
227466		A	Lengthening of thigh bone	16.33	NA	NA	14.07	14.45	1.78	NA	NA	32.18	32.56	090
227468		A	Shorten/lengthen thighs	18.97	NA	NA	12.46	16.83	2.15	NA	NA	33.58	37.95	090
227470		A	Repair of thigh	16.07	NA	NA	13.96	17.06	2.03	NA	NA	32.06	35.16	090
227472		A	Repair/graft of thigh	17.72	NA	NA	14.75	19.55	2.47	NA	NA	34.94	39.74	090
227475		A	Surgery to stop leg growth	8.64	NA	NA	7.55	8.19	0.99	NA	NA	17.18	17.82	090
227477		A	Surgery to stop leg growth	9.85	NA	NA	8.67	10.99	2.01	NA	NA	20.53	22.85	090
227479		A	Surgery to stop leg growth	12.80	NA	NA	9.88	11.94	1.48	NA	NA	24.16	26.22	090
227485		A	Surgery to stop leg growth	8.84	NA	NA	8.49	8.56	1.02	NA	NA	18.35	18.42	090
227486		A	Revise knee joint replace	19.27	NA	NA	14.51	20.89	3.33	NA	NA	37.11	43.49	090
227487		A	Revise knee joint replace	25.27	NA	NA	17.47	26.97	4.67	NA	NA	47.41	56.91	090
227488		A	Removal of knee prosthesis	15.74	NA	NA	12.76	16.35	2.02	NA	NA	30.52	34.11	090
227495		A	Reinforce thigh	15.55	NA	NA	13.56	17.32	2.21	NA	NA	31.32	35.08	090
227496		A	Decompression of thigh/knee	6.11	NA	NA	6.26	5.26	0.58	NA	NA	12.95	11.95	090
227497		A	Decompression of thigh/knee	7.17	NA	NA	6.24	6.08	0.71	NA	NA	14.12	13.96	090
227498		A	Decompression of thigh/knee	7.99	NA	NA	7.17	6.94	0.81	NA	NA	15.97	15.74	090
227499		A	Decompression of thigh/knee	9.00	NA	NA	7.55	7.81	0.93	NA	NA	17.48	17.74	090
227500		A	Treatment of thigh fracture	5.92	12.43	7.51	5.75	5.84	0.64	18.99	14.07	12.31	12.40	090
227501		A	Treatment of thigh fracture	5.92	13.42	7.76	6.95	6.14	0.64	19.98	14.32	13.51	12.70	090
227502		A	Treatment of thigh fracture	10.58	NA	NA	9.54	8.63	0.95	NA	NA	21.07	20.16	090
227503		A	Treatment of thigh fracture	10.58	NA	NA	9.59	8.64	0.95	NA	NA	21.12	20.17	090
227506		A	Treatment of thigh fracture	17.45	NA	NA	12.93	16.28	2.00	NA	NA	32.38	35.73	090
227507		A	Repair of thigh fracture	13.99	NA	NA	11.12	15.31	2.00	NA	NA	27.11	31.30	090
227508		A	Treatment of thigh fracture	5.83	8.20	5.49	4.78	4.63	0.51	14.54	11.83	11.12	10.97	090
227509		A	Treatment of thigh fracture	7.71	NA	NA	8.20	5.49	0.51	NA	NA	16.42	13.71	090
227510		A	Treatment of thigh fracture	9.13	NA	NA	6.63	7.21	0.85	NA	NA	16.61	17.19	090
227511		A	Treatment of thigh fracture	13.64	NA	NA	12.23	15.27	2.00	NA	NA	27.87	30.91	090
227513		A	Treatment of thigh fracture	17.92	NA	NA	14.47	16.66	2.00	NA	NA	34.39	36.58	090
227514		A	Repair of thigh fracture	17.30	NA	NA	13.59	16.22	1.98	NA	NA	32.87	35.50	090
227516		A	Repair of thigh growth plate	5.37	8.60	6.07	4.75	5.11	0					

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CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician			Non-facility			Transitioned			Facility			Mal-practice			Non-facility			Transitioned			Facility			Transitioned																																																																																																																																																																																																																																																																																																																																																																																																	
				work	RVUs <sup>3</sup>	practice	expense	RVUs	practice	expense	RVUs	practice	expense	RVUs	practice	expense	RVUs	practice	expense	RVUs	practice	expense	RVUs	practice	expense	RVUs	practice	expense	RVUs	practice	expense																																																																																																																																																																																																																																																																																																																																																																																														
Total	Global	Total	Global	Total	Global	Total	Global	Total	Global	Total	Global	Total	Global	Total	Global	Total	Global	Total	Global	Total	Global	Total	Global	Total	Global	Total	Global	Total	Global																																																																																																																																																																																																																																																																																																																																																																																																
27550	A	Treat knee dislocation	5.76	8.04	4.10	4.57	3.24	0.28	14.08	10.14	10.61	9.28	090	27551	A	Treat knee dislocation	7.90	NA	NA	NA	NA	NA	15.16	12.81	090	27552	A	Treat knee dislocation	14.41	NA	NA	NA	NA	NA	28.89	29.33	090	27553	A	Repair of knee dislocation	16.77	NA	NA	NA	NA	NA	33.32	34.21	090	27554	A	Repair of knee dislocation	17.72	NA	NA	NA	NA	NA	33.93	35.08	090	27555	A	Treat kneecap dislocation	3.82	6.83	2.87	2.60	1.81	10.78	6.82	6.55	5.76	090	27556	A	Treat kneecap dislocation	5.79	NA	NA	4.56	5.36	0.59	NA	10.94	11.74	090	27557	A	Repair of knee dislocation	12.23	NA	NA	9.28	10.93	1.31	NA	22.82	24.47	090	27558	A	Repair of knee dislocation	1.74	NA	NA	2.69	2.08	0.22	NA	4.65	4.04	010	27559	A	Fixation of knee joint	19.37	NA	NA	15.67	16.70	2.00	NA	37.04	38.07	090	27560	A	Fusion of knee	12.03	NA	NA	9.09	9.69	1.41	NA	22.53	23.13	090	27561	A	Amputate leg at thigh	12.68	NA	NA	11.47	12.45	1.65	NA	25.80	26.78	090	27562	A	Amputate leg at thigh	10.02	NA	NA	8.69	8.77	1.26	NA	19.97	20.05	090	27563	A	Amputate leg at thigh	6.92	NA	NA	6.28	4.54	0.53	NA	13.73	11.99	090	27564	A	Amputation follow-up surgery	10.60	NA	NA	8.98	8.25	1.11	NA	20.69	19.96	090	27565	A	Amputation follow-up surgery	10.53	NA	NA	8.79	10.37	1.39	NA	20.71	22.29	090	27566	A	Amputate lower leg at knee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	27567	C	Leg surgery procedure	5.65	NA	NA	5.19	4.06	0.50	NA	11.34	10.21	090	27568	A	Decompression of lower leg	5.64	NA	NA	5.29	4.08	0.52	NA	11.45	10.24	090	27569	A	Decompression of lower leg	7.35	NA	NA	5.72	4.73	0.60	NA	13.67	12.68	090	27570	A	Decompression of lower leg	4.94	10.70	4.61	6.81	3.64	0.32	15.96	12.07	8.90	090	27571	A	Drain lower leg lesion	4.47	8.47	2.95	5.83	1.88	0.11	13.05	10.41	6.46	090	27572	A	Drain lower leg bursa	2.87	9.45	3.32	3.25	1.77	0.11	12.43	6.30	4.75	010	27573	A	Incision of achilles tendon	4.14	8.73	3.91	4.28	2.80	0.27	13.14	8.32	8.69	010	27574	A	Incision of achilles tendon	7.97	NA	NA	11.67	7.81	0.77	NA	20.41	16.55	090	27575	A	Treat lower leg bone lesion	8.34	NA	NA	8.85	8.26	0.88	NA	18.07	17.48	090	27576	A	Explore/treat ankle joint	7.33	NA	NA	6.97	8.23	1.02	NA	15.32	16.58	090	27577	A	Exploration of ankle joint	2.17	4.11	1.58	2.33	0.86	0.08	6.36	3.83	4.58	010	27578	A	Biopsy lower leg soft tissue	5.66	8.12	3.87	5.47	3.21	0.30	14.08	9.83	9.17	090	27579	A	Biopsy lower leg soft tissue	12.56	NA	NA	12.42	9.80	1.11	NA	26.09	23.47	090	27580	A	Remove tumor, lower leg	5.09	8.29	3.78	5.08	2.98	0.25	13.63	9.12	10.42	090	27581	A	Remove lower leg lesion	8.40	9.49	5.73	7.12	5.14	0.52	18.41	14.65	16.04	090	2

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility			Transitional			Facility			Transitional			Facility			Global
					practice RVUs	expense RVUs	Non-facility RVUs	practice RVUs	expense RVUs	Facility RVUs	practice RVUs	expense RVUs	Mal- practice RVUs	Non-facility RVUs	practice RVUs	expense RVUs	Facility RVUs	practice RVUs	expense RVUs	
27641	A		Partial removal of fibula	9.24	NA	NA	NA	13.14	9.09	0.92	NA	NA	0.92	NA	NA	23.30	19.25	0.90	0.90	0.90
27645	A		Extensive lower leg surgery	14.17	NA	NA	NA	14.45	13.09	1.55	NA	NA	1.55	NA	NA	30.17	28.81	0.90	0.90	0.90
27646	A		Extensive lower leg surgery	12.66	NA	NA	NA	12.12	11.78	1.34	NA	NA	1.34	NA	NA	26.12	25.78	0.90	0.90	0.90
27647	A		Extensive ankle/heel surgery	12.24	NA	NA	NA	9.32	10.43	1.06	NA	NA	1.06	NA	NA	22.62	23.73	0.90	0.90	0.90
27648	A		Injection for ankle x-ray	0.96	9.58	2.82	0.49	0.28	0.49	0.04	10.58	3.82	0.04	10.58	3.82	1.28	1.49	0.00	0.00	0.00
27650	A		Repair achilles tendon	9.69	NA	NA	NA	8.27	9.38	1.10	NA	NA	1.10	NA	NA	19.06	20.17	0.90	0.90	0.90
27652	A		Repair/graft achilles tendon	10.33	NA	NA	NA	8.31	10.55	1.22	NA	NA	1.22	NA	NA	19.86	22.10	0.90	0.90	0.90
27654	A		Repair of achilles tendon	10.02	NA	NA	NA	8.57	11.04	1.29	NA	NA	1.29	NA	NA	19.88	22.35	0.90	0.90	0.90
27656	A		Repair leg fascia defect	4.57	9.41	4.94	7.16	3.77	0.42	0.42	14.40	9.93	0.42	14.40	9.93	9.73	8.76	0.90	0.90	0.90
27658	A		Repair of leg tendon, each	4.98	7.19	5.07	7.16	5.06	0.47	0.47	12.64	10.52	0.47	12.64	10.52	12.61	10.51	0.90	0.90	0.90
27659	A		Repair of leg tendon, each	6.81	6.63	6.44	7.58	6.67	0.67	0.67	14.11	13.92	0.67	14.11	13.92	15.06	14.15	0.90	0.90	0.90
27664	A		Repair of leg tendon, each	4.59	10.36	5.37	7.02	4.53	0.41	0.41	15.36	10.37	0.41	15.36	10.37	12.02	9.53	0.90	0.90	0.90
27665	A		Repair of leg tendon, each	5.40	9.70	6.45	7.47	5.90	0.59	0.59	15.69	12.44	0.59	15.69	12.44	13.46	11.89	0.90	0.90	0.90
27675	A		Repair lower leg tendons	7.18	NA	NA	NA	7.32	7.04	0.74	NA	NA	0.74	NA	NA	15.24	14.96	0.90	0.90	0.90
27676	A		Repair lower leg tendons	8.42	NA	NA	NA	7.21	7.95	0.89	NA	NA	0.89	NA	NA	16.52	17.26	0.90	0.90	0.90
27680	A		Release of lower leg tendon	5.74	NA	NA	NA	6.29	4.93	0.48	NA	NA	0.48	NA	NA	12.51	11.15	0.90	0.90	0.90
27681	A		Release of lower leg tendons	6.82	NA	NA	NA	7.17	6.65	0.67	NA	NA	0.67	NA	NA	14.66	14.14	0.90	0.90	0.90
27685	A		Revision of lower leg tendon	6.50	6.81	4.82	6.83	4.83	0.32	0.32	13.63	11.64	0.32	13.63	11.64	13.65	11.65	0.90	0.90	0.90
27686	A		Revise lower leg tendons	7.46	7.55	7.23	8.12	7.37	0.70	0.70	15.71	15.39	0.70	15.71	15.39	16.28	15.53	0.90	0.90	0.90
27687	A		Revision of calf tendon	6.24	NA	NA	NA	6.66	6.10	0.59	NA	NA	0.59	NA	NA	13.49	12.93	0.90	0.90	0.90
27690	A		Revise lower leg tendon	8.71	NA	NA	NA	7.82	7.44	0.69	NA	NA	0.69	NA	NA	17.22	16.84	0.90	0.90	0.90
27691	A		Revise lower leg tendon	9.96	NA	NA	NA	9.34	8.76	0.96	NA	NA	0.96	NA	NA	20.26	19.68	0.90	0.90	0.90
27692	A		Revise additional leg tendon	1.87	NA	NA	NA	1.22	1.96	0.23	NA	NA	0.23	NA	NA	3.32	4.06	ZZZ	ZZZ	ZZZ
27695	A		Repair of ankle ligament	6.51	NA	NA	NA	7.52	7.71	1.03	NA	NA	1.03	NA	NA	15.06	15.25	0.90	0.90	0.90
27696	A		Repair of ankle ligaments	8.27	NA	NA	NA	7.83	7.70	0.91	NA	NA	0.91	NA	NA	17.01	16.88	0.90	0.90	0.90
27698	A		Repair of ankle ligament	9.36	NA	NA	NA	7.94	10.37	1.46	NA	NA	1.46	NA	NA	18.76	21.19	0.90	0.90	0.90
27700	A		Revision of ankle joint	9.29	NA	NA	NA	6.33	9.90	1.18	NA	NA	1.18	NA	NA	16.80	20.37	0.90	0.90	0.90
27702	A		Reconstruct ankle joint	13.67	NA	NA	NA	11.50	15.12	3.12	NA	NA	3.12	NA	NA	28.29	31.91	0.90	0.90	0.90
27703	A		Reconstruction, ankle joint	15.87	NA	NA	NA	10.05	13.76	1.76	NA	NA	1.76	NA	NA	27.68	31.39	0.90	0.90	0.90
27704	A		Removal of ankle implant	7.62	NA	NA	NA	6.46	6.37	0.77	NA	NA	0.77	NA	NA	14.85	14.76	0.90	0.90	0.90
27705	A		Incision of tibia	10.38	NA	NA	NA	9.67	11.16	1.38	NA	NA	1.38	NA	NA	21.43	22.92	0.90	0.90	0.90
27707	A		Incision of fibula	4.37	NA	NA	NA	6.50	5.49	0.62	NA	NA	0.62	NA	NA	11.49	10.48	0.90	0.90	0.90
27709	A		Incision of tibia & fibula	9.95	NA	NA	NA	9.77	11.35	1.67	NA	NA	1.67	NA	NA	21.39	22.97	0.90	0.90	0.90
27712	A		Realignment of lower leg	14.25	NA	NA	NA	11.69	11.87	1.28	NA	NA	1.28	NA	NA	27.22	27.40	0.90	0.90	0.90
27715	A		Revision of lower leg	14.39	NA	NA	NA	12.93	13.50	1.47	NA	NA	1.47	NA	NA	28.79	29.36	0.90	0.90	0.90
27720	A		Repair of tibia	11.79	NA	NA	NA	11.52	13.44	1.76	NA	NA	1.76	NA	NA	25.07	26.99	0.90	0.90	0.90
27722	A		Repair/graft of tibia	11.82	NA	NA	NA	11.46	11.42	1.28	NA	NA	1.28	NA	NA	24.56	24.52	0.90	0.90	0.90
27724	A		Repair/graft of tibia	14.99	NA	NA	NA	13.17	15.91	2.25	NA	NA	2.25	NA	NA	30.41	33.15	0.90	0.90	0.90
27725	A		Repair of lower leg	15.59	NA	NA	NA	12.85	11.70	1.20	NA	NA	1.20	NA	NA	29.64	28.49	0.90	0.90	0.90
27727	A		Repair of lower leg	14.01	NA	NA	NA	9.84	10.10	1.44	NA	NA	1.44	NA	NA	25.29	25.55	0.90	0.90	0.90

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CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Non-facility			Transitioned			Transitioned			Transitioned			Global
				Physician work <sup>3</sup> RVUs	Non- facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal- practice RVUs	Non-facility		Facility				
										Total	Transitional	Total	Transitional			
27730	A	Repair of tibia epiphysis	7.41	15.01	6.68	7.94	4.91	0.66	23.08	14.75	16.01	12.98	090			
27732	A	Repair of fibula epiphysis	5.32	10.07	6.46	5.87	5.41	0.62	16.01	12.40	11.81	11.35	090			
27734	A	Repair lower leg epiphyses	8.48	NA	NA	7.54	8.02	0.96	NA	NA	16.98	17.46	090			
27740	A	Repair of leg epiphyses	9.30	3.51	7.68	9.33	9.14	1.06	13.87	18.04	19.69	19.50	090			
27742	A	Repair of leg epiphyses	10.30	11.95	10.55	8.53	9.69	1.19	23.44	22.04	20.02	21.18	090			
27745	A	Reinforce tibia	10.07	NA	NA	9.87	9.77	1.09	NA	NA	21.03	20.93	090			
27750	A	Treatment of tibia fracture	3.19	6.70	4.48	3.18	3.60	0.39	10.28	8.06	6.76	7.18	090			
27752	A	Treatment of tibia fracture	5.84	8.91	6.37	5.35	5.48	0.63	15.38	12.84	11.82	11.95	090			
27756	A	Repair of tibia fracture	6.78	NA	NA	8.70	8.25	1.33	NA	NA	16.81	16.36	090			
27758	A	Repair of tibia fracture	11.67	NA	NA	10.42	13.05	1.74	NA	NA	23.83	26.46	090			
27759	A	Repair of tibia fracture	13.76	NA	NA	11.63	14.09	1.74	NA	NA	27.13	29.59	090			
27760	A	Treatment of ankle fracture	3.01	6.40	3.70	2.78	1.75	0.29	9.70	7.00	6.08	5.05	090			
27762	A	Treatment of ankle fracture	5.25	8.31	4.82	4.75	3.93	0.39	13.95	10.46	10.39	9.57	090			
27766	A	Repair of ankle fracture	8.36	NA	NA	7.32	8.24	0.99	NA	NA	16.67	17.59	090			
27780	A	Treatment of fibula fracture	2.65	4.20	2.66	2.63	1.46	0.20	7.05	5.51	5.48	4.31	090			
27781	A	Treatment of fibula fracture	4.40	7.51	4.56	3.76	3.62	0.38	12.29	9.34	8.54	8.40	090			
27784	A	Repair of fibula fracture	7.11	NA	NA	7.21	6.36	0.68	NA	NA	15.00	14.15	090			
27786	A	Treatment of ankle fracture	2.84	6.41	3.65	2.73	1.71	0.30	9.55	6.79	5.87	4.85	090			
27788	A	Treatment of ankle fracture	4.45	7.49	4.54	3.90	2.31	0.39	12.33	9.38	8.74	7.15	090			
27792	A	Repair of ankle fracture	7.66	NA	NA	6.94	7.74	0.92	NA	NA	15.52	16.32	090			
27808	A	Treatment of ankle fracture	2.83	7.20	4.07	3.34	3.11	0.31	10.34	7.21	6.48	6.25	090			
27810	A	Treatment of ankle fracture	5.13	8.45	6.22	4.84	5.32	0.63	14.21	11.98	10.60	11.08	090			
27814	A	Repair of ankle fracture	10.68	NA	NA	9.37	10.48	1.25	NA	NA	21.30	22.41	090			
27816	A	Treatment of ankle fracture	2.89	6.88	4.55	3.28	3.41	0.43	10.20	7.87	6.60	6.73	090			
27818	A	Treatment of ankle fracture	5.50	8.63	7.09	4.95	6.17	0.83	14.96	13.42	11.28	12.50	090			
27822	A	Repair of ankle fracture	9.20	NA	NA	33.28	16.56	1.47	NA	NA	43.95	27.23	090			
27823	A	Repair of ankle fracture	11.80	NA	NA	34.09	18.93	1.60	NA	NA	47.49	32.33	090			
27824	A	Treat lower leg fracture	2.89	7.02	4.58	3.50	3.46	0.43	10.34	7.90	6.82	6.78	090			
27825	A	Treat lower leg fracture	6.19	9.15	7.59	5.55	6.69	0.83	16.17	14.61	12.57	13.71	090			
27826	A	Treat lower leg fracture	8.54	NA	NA	31.88	15.61	1.47	NA	NA	41.89	25.62	090			
27827	A	Treat lower leg fracture	14.06	NA	NA	36.80										

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CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician			Non-facility			Transitioned			Facility			Transitioned			Facility			Global
				work RVUs <sup>3</sup>	practice expense	RVUs	Non-facility practice expense	RVUs	Facility practice expense	RVUs	Mal- practice RVUs	Non-		Total		Facility		Total				
												facility	Total	Non-	Total	Facility	Total					
A	Fixation of ankle joint	27860	NA	NA	2.70	1.81	0.18	NA	NA	NA	5.22	4.33	010									
A	Fusion of ankle joint	27870	NA	NA	11.97	13.85	1.74	NA	NA	NA	27.62	29.50	090									
A	Fusion of tibiofibular joint	27871	NA	NA	9.14	8.62	0.95	NA	NA	NA	19.26	18.74	090									
A	Amputation of lower leg	27880	NA	NA	8.85	9.02	1.25	NA	NA	NA	21.95	22.12	090									
A	Amputation of lower leg	27881	NA	NA	10.83	11.51	1.46	NA	NA	NA	24.63	25.31	090									
A	Amputation of lower leg	27882	NA	NA	8.84	8.84	1.11	NA	NA	NA	18.89	18.25	090									
A	Amputation follow-up surgery	27884	NA	NA	7.48	4.62	0.48	NA	NA	NA	16.17	13.31	090									
A	Amputation follow-up surgery	27886	NA	NA	8.16	7.88	1.05	NA	NA	NA	18.53	18.25	090									
A	Amputation of foot at ankle	27888	NA	NA	8.95	9.96	1.29	NA	NA	NA	19.91	20.92	090									
A	Amputation of foot at ankle	27889	NA	NA	7.66	8.78	1.21	NA	NA	NA	18.85	19.97	090									
A	Decompression of leg	27892	NA	NA	6.01	4.26	0.50	NA	NA	NA	13.90	12.15	090									
A	Decompression of leg	27893	NA	NA	5.50	4.13	0.52	NA	NA	NA	13.37	12.00	090									
A	Decompression of leg	27894	NA	NA	7.38	5.15	0.60	NA	NA	NA	18.47	16.24	090									
C	Leg/ankle surgery procedure	27899	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY									
A	Drainage of bursa of foot	28001	3.92	1.40	2.64	0.87	0.04	6.69	4.17	5.41	7.98	3.64	010									
A	Treatment of foot infection	28002	4.62	3.04	3.94	2.82	0.26	9.72	7.92	8.82	7.70	7.70	010									
A	Treatment of foot infection	28003	8.41	7.92	8.29	3.50	0.46	16.79	13.70	17.16	12.37	090										
A	Treat foot bone lesion	28005	8.68	NA	8.45	5.44	0.48	NA	NA	17.61	14.60	090										
A	Incision of foot fascia	28008	4.45	5.56	4.45	3.30	0.23	10.24	8.25	9.13	7.98	090										
A	Incision of toe tendon	28010	2.84	4.91	3.69	2.40	0.26	8.01	7.28	6.79	5.50	090										
A	Incision of toe tendons	28011	4.14	6.32	5.28	2.04	0.15	10.61	7.31	9.57	6.33	090										
A	Exploration of a foot joint	28020	5.01	7.08	5.36	4.91	0.44	12.53	10.81	10.73	10.36	090										
A	Exploration of a foot joint	28022	4.67	5.37	4.79	2.32	0.24	10.28	8.48	9.70	7.23	090										
A	Exploration of a toe joint	28024	4.38	5.65	4.96	2.22	0.19	10.22	7.93	9.53	6.79	090										
A	Removal of foot nerve	28030	6.15	NA	3.28	4.02	0.33	NA	NA	9.76	10.50	090										
A	Decompression of tibia nerve	28035	5.09	6.01	4.60	5.71	0.70	11.80	12.33	10.39	11.50	090										
A	Excision of foot lesion	28043	3.54	5.15	4.06	2.43	0.16	8.85	6.40	7.76	6.13	090										
A	Excision of foot lesion	28045	4.72	5.65	4.57	4.39	0.36	10.73	9.74	9.65	9.47	090										
A	Resection of tumor, foot	28046	10.18	8.83	8.23	6.42	0.62	19.63	17.37	19.03	17.22	090										
A	Biopsy of foot joint lining	28050	4.25	6.15	4.67	4.50	0.41	10.81	9.33	9.16	8.91	090										
A	Biopsy of foot joint lining	28052	3.94	5.26	4.82	2.77	0.34	9.54	8.71	9.10	7.05	090										
A	Biopsy of toe joint lining	28054	3.45	5.51	4.72	3.00	0.22	9.18	6.87													

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## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitional <sup>3</sup>		Facility		Mal- practice		Non- facility		Transitional <sup>3</sup>		Facility		Transitional <sup>3</sup>		Facility		Global	
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	practice RVUs	expense RVUs	RVUs	RVUs	Total	Total
28092	A		Removal of toe lesions	3.64	5.69	3.07	4.47	2.77	0.20	9.53	6.91	8.31	6.61	0.90										
28100	A		Removal of ankle/heel lesion	5.66	8.02	5.73	6.17	5.27	0.44	14.12	11.83	12.27	11.37	0.90										
28102	A		Remove/graft foot lesion	7.73	NA	NA	7.76	7.51	0.66	NA	NA	16.15	15.90	0.90										
28103	A		Remove/graft foot lesion	6.50	7.16	6.36	6.38	6.16	0.54	14.20	13.40	13.42	13.20	0.90										
28104	A		Removal of foot lesion	5.12	5.98	5.02	5.37	4.87	0.38	11.48	10.52	10.87	10.37	0.90										
28106	A		Remove/graft foot lesion	7.16	NA	NA	5.70	6.65	0.62	NA	NA	13.48	14.43	0.90										
28107	A		Remove/graft foot lesion	5.56	5.78	5.40	5.06	5.22	0.38	11.72	11.34	11.00	11.16	0.90										
28108	A		Removal of toe lesions	4.16	5.05	4.68	4.12	2.74	0.30	9.51	9.14	8.58	7.20	0.90										
28110	A		Part removal of metatarsal	4.08	5.88	4.31	5.26	4.15	0.31	10.27	8.70	9.65	8.54	0.90										
28111	A		Part removal of metatarsal	5.01	6.43	5.71	5.69	5.53	0.51	11.95	11.23	11.21	11.05	0.90										
28112	A		Part removal of metatarsal	4.49	6.29	4.80	5.73	4.66	0.35	11.13	9.64	10.57	9.50	0.90										
28113	A		Part removal of metatarsal	4.79	6.22	5.17	5.37	4.96	0.38	11.39	10.34	10.54	10.13	0.90										
28114	A		Removal of metatarsal heads	9.79	9.62	9.87	9.04	9.72	1.11	20.52	20.77	19.94	20.62	0.90										
28116	A		Revision of foot	7.75	6.36	6.05	5.73	5.90	0.45	14.56	14.25	13.93	14.10	0.90										
28118	A		Removal of heel bone	5.96	6.36	6.24	5.71	6.08	0.52	12.84	12.72	12.19	12.56	0.90										
28119	A		Removal of heel spur	5.39	5.94	5.91	4.82	5.63	0.45	11.78	11.75	10.66	11.47	0.90										
28120	A		Part removal of ankle/heel	5.40	8.32	6.18	7.53	5.99	0.52	14.24	12.10	13.45	11.91	0.90										
28122	A		Partial removal of foot bone	7.29	7.79	5.59	7.68	5.57	0.42	15.50	13.30	15.39	13.28	0.90										
28124	A		Partial removal of toe	4.81	6.43	4.95	6.04	3.18	0.29	11.53	10.05	11.14	8.28	0.90										
28126	A		Partial removal of toe	3.52	5.52	4.62	5.02	2.88	0.28	9.32	8.42	8.82	6.68	0.90										
28130	A		Removal of ankle bone	8.11	NA	NA	7.66	7.64	0.69	NA	NA	16.46	16.44	0.90										
28140	A		Removal of metatarsal	6.91	7.29	5.84	6.06	5.53	0.49	14.69	13.24	13.46	12.93	0.90										
28150	A		Removal of toe	4.09	5.96	4.17	5.32	4.01	0.30	10.35	8.56	9.71	8.40	0.90										
28153	A		Partial removal of toe	3.66	5.47	4.62	4.10	2.65	0.28	9.41	8.56	8.04	6.59	0.90										
28160	A		Partial removal of toe	3.74	5.66	4.77	5.46	3.05	0.30	9.70	8.81	9.50	7.09	0.90										
28171	A		Extensive foot surgery	9.60	NA	NA	6.58	8.15	0.69	NA	NA	16.87	18.44	0.90										
28173	A		Extensive foot surgery	8.80	7.42	6.53	6.90	6.40	0.58	16.80	15.91	16.28	15.78	0.90										
28175	A		Extensive foot surgery	6.05	7.03	6.14	5.06	5.65	0.45	13.53	12.64	11.56	12.15	0.90										
28190	A		Removal of foot foreign body	1.96	4.50	1.55	2.08	0.73	0.04	6.50	3.55	4.08	2.73	0.10										
28192	A		Removal of foot foreign body	4.64	5.91	3.07	4.27	2.66	0.19	10.74	7.90	9.10	7.49	0.90										
28193	A		Removal of foot foreign body	5.73	6.57	3.58	5.21	3.24	0.23	12.53	9.54	11.17	9.20	0.90										
28200	A		Repair of foot tendon	4.60	5.64	5.53	5.12	5.40	0.39	10.63	10.52	10.11	10.39	0.90										
28202	A		Repair/graft of foot tendon	6.84	6.28	6.31	26.55	11.38	0.60	13.72	13.75	33.99	18.82	0.90										
28208	A		Repair of foot tendon	4.37	5.40	3.64	4.56	3.43	0.22	9.99	8.23	9.15	8.02	0.90										
28210	A		Repair/graft of foot tendon	6.35	6.43	6.17	5.30	5.89	0.47	13.25	12.99	12.12	12.71	0.90										
28220	A		Release of foot tendon	4.53	5.47	4.52	4.43	2.68	0.34	10.34	9.39	9.30	7.55	0.90										
28222	A		Release of foot tendons	5.62	5.91	6.69	5.30	3.94	0.49	12.02	12.80	11.41	10.05	0.90										
28225	A		Release of foot tendon	3.66	5.18	3.22	4.20	2.98	0.20	9.04	7.08	8.06	6.84	0.90										
28226	A		Release of foot tendons	4.53	5.71	4.18	4.77	3.95	0.31	10.55	9.02	9.61	8.79	0.90										
28230	A		Incision of foot tendon(s)	4.24	5.44	3.34	5.20	2.29	0.17	9.85	7.75	9.61	6.70	0.90										

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CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician			Non-facility			Transitioned			Transitioned			Facility			Transitioned			Global	
				work	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs		RVUs
28232		A	Incision of toe tendon	3.39	5.34	2.64	4.86	1.87	0.12	8.85	6.15	8.37	5.38	0.90									
28233		A	Incision of foot tendon	3.37	5.51	2.62	4.62	1.78	0.11	8.99	6.10	8.10	5.26	0.90									
28234		A	Revision of foot tendon	7.73	7.17	7.68	6.13	7.42	0.66	15.56	16.07	14.52	15.81	0.90									
28240		A	Release of big toe	4.36	5.58	3.13	5.03	2.99	0.18	10.12	7.67	9.57	7.53	0.90									
28250		A	Revision of foot fascia	5.92	6.05	5.14	5.10	4.91	0.39	12.36	11.45	11.41	11.22	0.90									
28260		A	Release of midfoot joint	7.96	7.96	5.29	6.17	5.15	0.38	15.05	13.63	14.51	13.49	0.90									
28261		A	Revision of foot tendon	11.73	8.35	6.90	8.09	6.83	0.45	20.53	19.08	20.27	19.01	0.90									
28262		A	Revision of foot and ankle	15.83	10.15	12.24	13.25	13.01	1.13	27.11	29.20	30.21	29.97	0.90									
28264		A	Release of midfoot joint	10.35	8.03	9.79	9.80	10.24	0.92	19.30	21.06	21.07	21.51	0.90									
28270		A	Release of foot contracture	4.76	5.94	3.62	5.39	2.42	0.18	10.88	8.56	10.33	7.36	0.90									
28272		A	Release of toe joint, each	3.80	5.11	2.94	4.30	1.91	0.14	9.05	6.88	8.24	5.85	0.90									
28280		A	Fusion of toes	5.19	6.64	3.47	5.60	3.21	0.23	12.06	8.89	11.02	8.63	0.90									
28285		A	Repair of hammertoe	4.59	5.90	5.03	5.14	4.84	0.31	10.80	9.93	10.04	9.74	0.90									
28286		A	Repair of hammertoe	4.56	5.83	4.38	4.97	4.16	0.30	10.69	9.24	9.83	9.02	0.90									
28288		A	Partial removal of foot bone	4.74	6.09	4.58	6.33	4.64	0.34	11.17	9.66	11.41	9.72	0.90									
28289		A	Repair hallux rigidus	7.04	2.78	2.78	3.12	3.12	0.42	10.24	12.24	10.58	10.58	0.90									
28290		A	Correction of bunion	5.66	6.67	6.03	6.80	6.07	0.49	12.82	12.18	12.95	12.22	0.90									
28292		A	Correction of bunion	7.04	6.87	7.46	6.40	7.34	0.58	14.49	15.08	14.02	14.96	0.90									
28293		A	Correction of bunion	9.15	7.81	9.72	6.51	9.40	0.77	17.73	19.64	16.43	19.32	0.90									
28294		A	Correction of bunion	8.56	7.72	9.39	6.03	8.96	0.67	16.95	18.62	15.26	18.19	0.90									
28296		A	Correction of bunion	9.18	7.79	9.12	7.06	8.94	0.77	17.74	19.07	17.01	18.89	0.90									
28297		A	Correction of bunion	9.18	7.56	9.23	8.47</																

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CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned facility		Transitioned Non- facility		Transitioned Facility		Global	
					practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Mal- practice RVUs	Non- facility Total	Non- facility Total	Facility Total		Facility Total
283344	A		Repair extra toe(s)	4.26	10.04	5.53	5.07	4.28	0.47	14.77	10.26	9.80	9.01	090
283345	A		Repair webbed toe(s)	5.92	6.31	5.93	5.91	5.83	0.57	12.80	12.42	12.40	12.32	090
283360	A		Reconstruct cleft foot	13.34	NA	NA	11.87	12.67	1.53	NA	NA	26.74	27.54	090
284000	A		Treatment of heel fracture	2.16	6.46	3.71	3.39	1.90	0.31	8.93	6.18	5.86	4.37	090
284005	A		Treatment of heel fracture	4.57	7.28	4.99	4.95	4.41	0.45	12.30	10.01	9.97	9.43	090
284006	A		Treatment of heel fracture	6.31	NA	NA	7.63	6.87	0.73	NA	NA	14.67	13.91	090
284115	A		Repair of heel fracture	15.97	NA	NA	34.85	16.06	1.09	NA	NA	51.91	33.12	090
284420	A		Repair/graft heel fracture	16.64	NA	NA	36.71	18.04	1.28	NA	NA	54.63	35.96	090
284430	A		Treatment of ankle fracture	2.09	5.91	3.47	2.78	1.69	0.27	8.27	5.83	5.14	4.05	090
284435	A		Treatment of ankle fracture	3.40	5.43	4.10	3.82	3.69	0.39	9.22	7.89	7.61	7.48	090
284436	A		Treatment of ankle fracture	4.71	NA	NA	6.44	5.02	0.53	NA	NA	11.68	10.26	090
284445	A		Repair of ankle fracture	9.33	NA	NA	8.84	9.37	1.10	NA	NA	19.27	19.80	090
284450	A		Treat midfoot fracture, each	1.90	5.72	2.95	2.67	1.43	0.20	7.82	5.05	4.77	3.53	090
284455	A		Treat midfoot fracture, each	3.09	5.05	3.33	3.95	2.02	0.27	8.41	6.69	7.31	5.38	090
284456	A		Repair midfoot fracture	2.68	NA	NA	4.89	3.07	0.30	NA	NA	7.87	6.05	090
284465	A		Repair midfoot fracture, each	7.01	NA	NA	19.62	9.41	0.63	NA	NA	27.26	17.05	090
284470	A		Treat metatarsal fracture	1.99	5.32	2.79	2.29	1.31	0.18	7.49	4.96	4.46	3.48	090
284475	A		Treat metatarsal fracture	2.97	5.30	3.23	3.54	1.84	0.23	8.50	6.43	6.74	5.04	090
284476	A		Repair metatarsal fracture	3.38	NA	NA	5.34	4.08	0.35	NA	NA	9.07	7.81	090
284485	A		Repair metatarsal fracture	5.71	NA	NA	19.59	8.71	0.47	NA	NA	25.77	14.89	090
284490	A		Treat big toe fracture	1.09	1.87	1.20	1.38	0.71	0.08	3.04	2.37	2.55	1.88	090
284495	A		Treat big toe fracture	1.58	2.13	1.45	1.75	0.90	0.10	3.81	3.13	3.43	2.58	090
284496	A		Repair big toe fracture	2.33	6.62	3.34	4.32	2.77	0.24	9.19	5.91	6.89	5.34	090
285005	A		Repair big toe fracture	3.81	16.01	6.43	17.95	6.92	0.34	20.16	10.58	22.10	11.07	090
28510	A		Treatment of toe fracture	1.09	1.68	1.15	1.30	0.69	0.07	2.84	2.31	2.46	1.85	090
285115	A		Treatment of toe fracture	1.46	1.89	1.39	1.59	0.86	0.09	3.44	2.94	3.14	2.41	090
285525	A		Repair of toe fracture	3.32	16.00	5.68	17.66	6.10	0.23	19.55	9.23	21.21	9.65	090
285530	A		Treat sesamoid bone fracture	1.06	3.08	1.59	1.77	0.86	0.08	4.22	2.73	2.91	2.00	090
285531	A		Treat sesamoid bone fracture	2.35	56.77	15.75	15.27	5.37	0.25	59.37	18.35	17.87	7.97	090
2														

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33 +Indicates RVUs are not used for Medicare payment.



CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>			Non-facility practice expense RVUs			Facility practice expense RVUs			Transitioned Facility practice RVUs			Transitioned Non-facility practice RVUs			Transitioned Facility Total			Global
				RVUs	practice	expense	RVUs	practice	expense	RVUs	practice	expense	RVUs	practice	MD-practice RVUs	Total	Non-facility	Total	Facility	Total		
A	Repair foot dislocation	7.77	NA	NA	23.15	9.82	0.61	NA	NA	31.53	18.20	090										
A	Treat toe dislocation	1.70	1.87	1.31	1.49	0.79	0.09	3.66	3.10	3.28	2.58	010										
A	Treat toe dislocation	2.8630	2.95	1.92	2.22	1.15	0.14	5.00	3.97	4.27	3.20	010										
A	Treat toe dislocation	2.8635	3.36	2.93	2.74	2.77	0.33	6.46	6.03	5.84	5.87	010										
A	Repair toe dislocation	2.8636	6.94	4.38	8.40	4.74	0.30	11.46	8.90	12.92	9.26	090										
A	Treat toe dislocation	2.8645	2.98	1.26	1.44	0.87	0.05	4.26	2.54	2.72	2.15	010										
A	Treat toe dislocation	2.8660	1.92	1.46	2.32	0.98	0.09	4.68	3.47	4.33	2.99	010										
A	Treat toe dislocation	2.8665	2.67	1.46	2.32	0.98	0.09	4.68	3.47	4.33	2.99	010										
A	Treat toe dislocation	2.8666	2.66	3.32	2.82	3.04	2.75	0.31	6.29	6.01	5.72	010										
A	Treat toe dislocation	2.8675	10.94	5.18	13.11	5.72	0.32	14.18	8.42	16.35	8.96	090										
A	Repair of toe dislocation	2.8705	15.21	NA	11.50	15.18	1.84	NA	NA	28.55	32.23	090										
A	Fusion of foot bones	2.8715	13.10	NA	11.10	12.81	1.48	NA	NA	25.68	27.39	090										
A	Fusion of foot bones	2.8725	11.61	NA	9.42	10.04	1.13	NA	NA	22.16	22.78	090										
A	Fusion of foot bones	2.8730	10.76	NA	9.49	9.70	1.04	NA	NA	21.29	21.50	090										
A	Fusion of foot bones	2.8735	10.85	NA	8.94	10.18	1.07	NA	NA	20.86	22.10	090										
A	Revision of foot bones	2.8737	9.64	NA	8.63	9.38	0.88	NA	NA	19.15	19.90	090										
A	Fusion of foot bones	2.8740	8.02	8.60	6.34	7.49	0.56	17.18	14.92	16.07	14.64	090										
A	Fusion of big toe joint	2.8750	7.30	9.01	6.58	6.23	0.64	16.95	14.52	15.54	14.17	090										
A	Fusion of big toe joint	2.8755	4.74	5.87	4.47	4.32	0.35	10.96	9.56	10.36	9.41	090										
A	Fusion of big toe joint	2.8760	7.75	7.11	6.17	6.36	0.51	15.37	14.43	14.62	14.25	090										
A	Amputation of midfoot	2.8800	8.21	NA	7.08	7.19	0.93	NA	NA	16.22	16.33	090										
A	Amputation thru metatarsal	2.8805	8.39	NA	6.63	6.80	0.95	NA	NA	15.97	16.14	090										
A	Amputation toe & metatarsal	2.8810	6.21	NA	5.69	4.60	0.59	NA	NA	12.49	11.40	090										
A	Amputation of toe	2.8820	4.41	7.22	3.91	3.39	0.36	11.99	8.68	9.91	8.16	090										
A	Partial amputation of toe	2.8825	3.59	6.80	3.65	3.12	0.32	10.71	7.56	8.58	7.03	090										
C	Foot/toes surgery procedure	2.8899	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY										
A	Application of body cast	2.9000	2.25	8.77	3.70	1.25	0.16	11.18	6.11	3.66	4.23	000										
A	Application of body cast	2.9010	2.06	10.72	4.58	1.21	2.15	0.27	13.05	6.91	3.54	000										
A	Application of body cast	2.9015	2.41	5.50	3.27	0.86	1.17	0.26	8.17	5.94	3.84	000										
A	Application of body cast	2.9020	2.11	8.56	3.63	0.88	0.96	0.18	10.85	5.92	3.25	000										
A	Application of body cast	2.9025	2.40	10.74	3.29	1.39	0.66	0.11	13.25	5.80	3.17	000										
A	Application of body cast	2.9035	1.77	12.00	4.59	1.02	1.05	0.25	14.02	6.61	3.07	000										

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## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician	Non-	Transitioned	Facility	Transitioned	Mal-	Non-	Transitioned	Facility	Transitioned	Global																																																																																																																																																																																																																												
				work <sup>3</sup> RVUs	facility practice expense RVUs	Non-facility practice expense RVUs	practice expense RVUs	Facility practice expense RVUs	practice RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs		Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs

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CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility			Transitioned			Transitioned			Transitioned			Global
					Non- facility practice expense RVUs	Non- facility practice expense RVUs	Non- facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Mal- practice RVUs	Non- facility		Facility		Total		
											Total	Facility	Total	Facility		Total	
29804		A	Jaw arthroscopy/surgery	8.14	NA	NA	8.47	9.40	1.14	NA	NA	17.75	18.68	090			
29815		A	Shoulder arthroscopy	5.89	NA	NA	6.21	5.49	0.59	NA	NA	12.69	11.97	090			
29819		A	Shoulder arthroscopy/surgery	7.62	NA	NA	8.17	8.86	1.35	NA	NA	17.14	17.83	090			
29820		A	Shoulder arthroscopy/surgery	7.07	NA	NA	7.96	8.32	1.35	NA	NA	16.38	16.74	090			
29821		A	Shoulder arthroscopy/surgery	7.72	NA	NA	8.41	9.01	1.67	NA	NA	17.80	18.40	090			
29822		A	Shoulder arthroscopy/surgery	7.43	NA	NA	8.16	8.69	1.36	NA	NA	16.95	17.48	090			
29823		A	Shoulder arthroscopy/surgery	8.17	NA	NA	8.39	9.42	1.82	NA	NA	18.38	19.41	090			
29825		A	Shoulder arthroscopy/surgery	7.62	NA	NA	8.11	8.85	1.60	NA	NA	17.33	18.07	090			
29826		A	Shoulder arthroscopy/surgery	8.99	NA	NA	8.94	10.28	1.81	NA	NA	19.74	21.08	090			
29830		A	Elbow arthroscopy	5.76	NA	NA	5.17	5.62	0.65	NA	NA	11.58	12.03	090			
29834		A	Elbow arthroscopy/surgery	6.28	NA	NA	5.91	6.23	0.75	NA	NA	12.94	13.26	090			
29835		A	Elbow arthroscopy/surgery	6.48	NA	NA	5.90	6.38	0.77	NA	NA	13.15	13.63	090			
29836		A	Elbow arthroscopy/surgery	7.55	NA	NA	6.76	7.41	0.90	NA	NA	15.21	15.86	090			
29837		A	Elbow arthroscopy/surgery	6.87	NA	NA	6.33	6.80	0.83	NA	NA	14.03	14.50	090			
29838		A	Elbow arthroscopy/surgery	7.71	NA	NA	6.56	7.38	0.89	NA	NA	15.16	15.98	090			
29840		A	Elbow arthroscopy/surgery	5.54	NA	NA	7.07	4.45	0.42	NA	NA	13.03	10.41	090			
29843		A	Wrist arthroscopy	6.01	NA	NA	7.33	6.39	0.71	NA	NA	14.05	13.11	090			
29844		A	Wrist arthroscopy/surgery	6.37	NA	NA	7.68	6.47	0.74	NA	NA	14.79	13.58	090			
29845		A	Wrist arthroscopy/surgery	7.52	NA	NA	9.12	7.98	0.90	NA	NA	17.54	16.40	090			
29846		A	Wrist arthroscopy/surgery	6.75	NA	NA	9.59	8.44	1.72	NA	NA	18.06	16.91	090			
29847		A	Wrist arthroscopy/surgery	7.08	NA	NA	9.93	8.00	0.76	NA	NA	17.77	15.84	090			
29848		A	Wrist endoscopy/surgery	5.44	NA	NA	7.06	4.90	0.49	NA	NA	12.99	10.83	090			
29850		A	Knee arthroscopy/surgery	8.19	NA	NA	6.15	5.21	1.36	NA	NA	15.70	14.76	090			
29851		A	Knee arthroscopy/surgery	13.10	NA	NA	10.20	11.46	1.36	NA	NA	24.66	25.92	090			
29855		A	Tibial arthroscopy/surgery	10.62	NA	NA	9.17	11.80	1.47	NA	NA	21.26	23.89	090			
29856		A	Tibial arthroscopy/surgery	14.14	NA	NA	10.89	12.24	1.47	NA	NA	26.50	27.85	090			
29860		A	Hip arthroscopy, dx	8.05	NA	NA	6.74	5.62	0.59	NA	NA	15.38	14.26	090			
29861		A	Hip arthroscopy/surgery	9.15	NA	NA	7.71	9.56	1.35	NA	NA	18.21	20.06	090			
29862		A	Hip arthroscopy/surgery	9.90	NA	NA	8.09	10.22	1.82	NA	NA	19.81	21.94	090			
29863		A	Hip arthroscopy/surgery	9.90	NA	NA	8.49	9.22	1.35	NA	NA	19.74	20.47	090			
29870		A	Knee arthroscopy, diagnostic	5.07	NA	NA	5.28	4									

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CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	practice	expense	RVUs	practice	expense	RVUs	Mal- practice	RVUs	Non- facility	Total	Non- facility	Total	Facility	Total	Transitioned Facility	Total	Global
					RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	
29883	A		Knee arthroscopy/surgery	9.46	NA	NA	NA	8.09	10.50	2.19	NA	2.19	NA	NA	NA	19.74	22.15	16.98	090		
29884	A		Knee arthroscopy/surgery	7.33	NA	NA	NA	7.46	8.43	1.22	NA	1.22	NA	NA	NA	16.01	16.98	16.98	090		
29885	A		Knee arthroscopy/surgery	9.09	NA	NA	NA	8.32	8.78	1.06	NA	1.06	NA	NA	NA	18.47	18.93	18.93	090		
29886	A		Knee arthroscopy/surgery	7.54	NA	NA	NA	7.46	7.40	0.88	NA	0.88	NA	NA	NA	15.88	15.82	15.82	090		
29887	A		Knee arthroscopy/surgery	9.04	NA	NA	NA	8.32	10.17	1.34	NA	1.34	NA	NA	NA	18.70	20.55	20.55	090		
29888	A		Knee arthroscopy/surgery	13.90	NA	NA	NA	11.05	15.21	2.49	NA	2.49	NA	NA	NA	27.44	31.60	31.60	090		
29889	A		Knee arthroscopy/surgery	15.13	NA	NA	NA	11.37	11.19	1.31	NA	1.31	NA	NA	NA	27.81	27.63	27.63	090		
29891	A		Ankle arthroscopy/surgery	8.40	NA	NA	NA	7.72	9.15	1.38	NA	1.38	NA	NA	NA	17.50	18.93	18.93	090		
29892	A		Ankle arthroscopy/surgery	9.00	NA	NA	NA	7.96	9.21	1.38	NA	1.38	NA	NA	NA	18.34	19.59	19.59	090		
29893	A		Scope, plantar fasciotomy	5.22	NA	NA	NA	4.65	5.39	0.36	NA	0.36	NA	NA	NA	10.23	10.97	10.97	090		
29894	A		Ankle arthroscopy/surgery	7.21	NA	NA	NA	6.96	8.20	1.15	NA	1.15	NA	NA	NA	15.32	16.56	16.56	090		
29895	A		Ankle arthroscopy/surgery	6.99	NA	NA	NA	6.83	7.97	1.18	NA	1.18	NA	NA	NA	15.00	16.14	16.14	090		
29897	A		Ankle arthroscopy/surgery	7.18	NA	NA	NA	7.29	8.25	1.38	NA	1.38	NA	NA	NA	15.85	16.81	16.81	090		
29898	A		Ankle arthroscopy/surgery	8.32	NA	NA	NA	7.24	9.26	1.49	NA	1.49	NA	NA	NA	17.05	19.07	19.07	090		
29909	C		Arthroscopy of joint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY		
30000	A		Drainage of nose lesion	1.43	2.06	0.99	1.58	1.58	0.64	0.04	0.04	0.04	3.53	2.46	3.05	2.11	2.15	010			
30020	A		Drainage of nose lesion	1.43	2.26	1.05	1.69	1.69	0.67	0.05	0.05	0.05	3.74	2.53	3.17	2.15	2.15	010			
30100	A		Intranasal biopsy	0.94	1.07	0.83	0.53	0.53	0.42	0.06	0.06	0.06	2.07	1.83	1.53	1.42	1.42	000			
30110	A		Removal of nose polyp(s)	1.63	2.20	1.60	0.90	0.90	0.75	0.11	0.11	0.11	3.94	3.34	2.64	2.49	2.49	010			
30115	A		Removal of nose polyp(s)	4.35	NA	NA	NA	4.71	3.47	0.23	NA	0.23	NA	NA	NA	9.29	8.05	090			
30117	A		Removal of intranasal lesion	3.16	3.70	3.24	3.15	3.10	3.10	0.24	0.24	0.24	7.10	6.64	6.55	6.50	090				
30118	A		Removal of intranasal lesion	9.69	NA	NA	8.21	8.57	8.57	0.72	NA	0.72	NA	NA	18.62	18.98	18.98	090			
30120	A		Revision of nose	5.27	4.71	5.90	5.61	6.12	6.12	0.78	0.78	0.78	10.76	11.95	11.66	12.17	12.17	090			
30124	A		Removal of nose lesion	3.10	NA	NA	3.49	1.42	1.42	0.13	0.13	0.13	NA	NA	6.72	4.65	4.65	090			
30125	A		Removal of nose lesion	7.16	NA	NA	6.76	6.76	6.21	0.57	0.57	0.57	NA	NA	14.49	13.94	13.94	090			
30130	A		Removal of turbinate bones	3.38	NA	NA	4.26	2.42	2.42	0.13	0.13	0.13	NA	NA	7.77	5.93	5.93	090			
30140	A		Removal of turbinate bones	3.43	NA	NA	4.63	3.63	3.63	0.27	0.27	0.27	NA	NA	8.33	7.33	7.33	090			
30150	A		Partial removal of nose	9.14	NA	NA	7.94	8.44	8.44	0.84	0.84	0.84	NA	NA	17.92	18.42	18.42	090			
30160	A		Removal of nose	9.58	NA	NA	8.02	10.59	10.59	1.35	1.35	1.35	NA	NA	18.95	21.52	21.52	090			
30200	A		Injection treatment of nose	0.78	1.08	0.57	0.44	0.44	0.26	0.03	0.03	0.03	1.89	1.38	1.25	1.07	1.07	000			
30210	A		Nasal sinus therapy	1.08	1.70	0.64	0.60	0.60	0.26	0.02	0.02	0.02	2.80	1.74	1.70	1.36	1.36	010			
30220	A		Insert nasal septal button	1.54	2.04	1.74	0.88	0.88	0.84	0.13	0.13	0.13	3.71	3.41	2.55	2.51	2.51	010			
30300	A		Remove nasal foreign body	1.04	1.99	0.87	0.38	0.38	0.28	0.04	0.04	0.04	3.07	1.95	1.46	1.36	1.36	010			
30310	A		Remove nasal foreign body	1.96	NA	NA	2.06	1.84	1.84	0.14	0.14	0.14	NA	NA	4.16	3.94	3.94	010			
30320	A		Remove nasal foreign body	4.52	NA	NA	5.01	4.75	4.75	0.34	0.34	0.34	NA	NA	9.87	9.61	9.61	090			
30400	R		Reconstruction of nose	9.83	NA	NA	8.39	10.21	10.21	1.06	1.06	1.06	NA	NA	19.28	21.10	21.10	090			
30410	R		Reconstruction of nose	12.98	NA	NA	10.08	14.15	14.15	1.57	1.57	1.57	NA	NA	24.63	28.70	28.70	090			
30420	R		Reconstruction of nose	15.88	NA	NA	11.88	17.19	17.19	1.74	1.74	1.74	NA	NA	29.50	34.81	34.81	090			
30430	R		Revision of nose	7.21	NA	NA	6.95	6.70	6.70	0.52	0.52	0.52	NA	NA	14.68	14.43	14.43	090			
30435	R		Revision of nose	11.71	NA	NA	9.51	10.66	10.66	0.86	0.86	0.86	NA	NA	22.08	23.23	23.23	090			

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3 \*Indicates RVUs are not used for Medicare payment.



CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility			Transitioned			Transitioned			Transitioned			Global
					Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Mal- practice RVUs	Non-facility		Facility			
												Total	Non-facility	Total	Facility	Total	
330450	R		Revision of nose	18.65	NA	NA	13.23	12.46	0.71	NA	NA	32.59	31.82	0.90			
330460	A		Revision of nose	9.96	NA	NA	8.49	9.11	0.73	NA	NA	19.18	19.80	0.90			
330462	A		Revision of nose	19.57	NA	NA	13.40	17.32	1.46	NA	NA	34.43	38.35	0.90			
330520	A		Repair of nasal septum	5.70	NA	NA	5.80	6.55	0.75	NA	NA	12.25	13.00	0.90			
330540	A		Repair nasal defect	7.75	NA	NA	6.47	7.02	0.55	NA	NA	14.77	15.32	0.90			
330545	A		Repair nasal defect	11.38	NA	NA	9.03	11.07	0.73	NA	NA	21.14	23.18	0.90			
330560	A		Release of nasal adhesions	1.26	1.87	0.92	1.64	0.64	0.05	3.18	2.23	2.95	1.95	0.10			
330580	A		Repair upper jaw fistula	6.69	4.21	6.13	5.45	3.91	0.45	11.35	13.27	12.59	11.05	0.90			
330600	A		Repair mouth/nose fistula	6.02	4.06	4.08	5.06	4.33	0.28	10.36	10.38	11.36	10.63	0.90			
330620	A		Intranasal reconstruction	5.97	NA	NA	6.18	6.89	0.86	NA	NA	13.01	13.72	0.90			
330630	A		Repair nasal septum defect	7.12	NA	NA	6.84	6.79	0.56	NA	NA	14.52	14.47	0.90			
330801	A		Cauterization inner nose	1.09	2.01	0.89	2.49	0.82	0.04	3.14	2.02	3.62	1.95	0.10			
330802	A		Cauterization inner nose	2.03	2.54	1.40	3.14	1.55	0.09	4.66	3.52	5.26	3.67	0.10			
330901	A		Control of nosebleed	1.21	1.80	0.91	0.59	0.38	0.05	3.06	2.17	1.85	1.64	0.00			
330903	A		Control of nosebleed	1.54	2.13	1.22	0.91	0.92	0.06	3.73	2.82	2.51	2.52	0.00			
330905	A		Control of nosebleed	1.97	3.72	2.39	1.39	1.80	0.13	5.82	4.49	3.49	3.90	0.00			
330906	A		Repeat control of nosebleed	2.45	3.96	1.87	1.93	1.36	0.09	6.50	4.41	4.47	3.90	0.00			
330915	A		Ligation nasal sinus artery	7.20	NA	NA	6.93	5.76	0.41	NA	NA	14.54	13.37	0.90			
330920	A		Ligation upper jaw artery	9.83	NA	NA	8.44	9.87	1.03	NA	NA	19.30	20.73	0.90			
330930	A		Therapy fracture of nose	1.26	NA	NA	2.55	1.22	0.06	NA	NA	3.87	2.54	0.10			
330999	C		Nasal surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY			
331000	A		Irrigation maxillary sinus	1.15	1.89	0.83	0.66	0.35	0.04	3.08	2.02	1.85	1.54	0.10			
331002	A		Irrigation sphenoid sinus	1.91	NA	NA	2.58	0.83	0.04	NA	NA	4.53	2.78	0.10			
331020	A		Exploration maxillary sinus	2.94	3.51	3.05	3.52	3.05	0.23	6.68	6.22	6.69	6.22	0.90			
331030	A		Exploration maxillary sinus	5.92	3.85	6.27	4.87	6.52	0.67	10.44	12.86	11.46	13.11	0.90			
331032	A		Explore sinus, remove polyps	6.57	NA	NA	6.16	7.43	0.77	NA	NA	13.50	14.77	0.90			
331040	A		Exploration behind upper jaw	9.42	NA	NA	6.65	8.16	0.67	NA	NA	16.74	18.25	0.90			
331050	A		Exploration sphenoid sinus	5.28	NA	NA	5.15	6.02	0.50	NA	NA	10.93	11.80	0.90			
331051	A		Sphenoid sinus surgery	7.11	NA	NA	6.49	7.99	0.66	NA	NA	14.26	15.76	0.90			
331070	A		Exploration of frontal sinus	4.28	NA												

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
31205	A		Removal of ethmoid sinus	10.24	NA	NA	NA	NA	8.88	8.75	NA	NA	0.63	0.00	NA	NA	NA	NA	19.75	19.62	NA	NA	0.90
31225	A		Removal of upper jaw	19.23	NA	NA	NA	NA	16.76	20.02	NA	NA	1.85	0.00	NA	NA	NA	NA	37.84	41.10	NA	NA	0.90
31230	A		Removal of upper jaw	21.94	NA	NA	NA	NA	19.67	22.61	NA	NA	1.94	0.00	NA	NA	NA	NA	43.55	46.49	NA	NA	0.90
31231	A		Nasal endoscopy, dx	1.10	1.62	1.52	1.52	1.27	0.61	1.27	0.12	0.12	0.12	0.00	2.84	2.74	2.84	2.74	1.83	2.49	0.00	0.00	0.00
31233	A		Nasal/sinus endoscopy, dx	2.18	2.25	2.84	2.84	1.45	1.23	1.45	0.24	0.24	0.24	0.00	4.67	5.26	4.67	5.26	3.65	3.87	0.00	0.00	0.00
31235	A		Nasal/sinus endoscopy, dx	2.64	2.53	2.58	2.58	1.34	1.45	1.34	0.20	0.20	0.20	0.00	5.37	5.42	5.37	5.42	4.29	4.18	0.00	0.00	0.00
31237	A		Nasal/sinus endoscopy, surg	2.98	2.77	3.36	3.36	1.75	1.67	1.75	0.29	0.29	0.29	0.00	6.04	6.63	6.04	6.63	4.94	5.02	0.00	0.00	0.00
31238	A		Nasal/sinus endoscopy, surg	3.26	3.13	3.71	3.71	1.94	1.89	1.94	0.35	0.35	0.35	0.00	6.74	7.32	6.74	7.32	5.50	5.55	0.00	0.00	0.00
31239	A		Nasal/sinus endoscopy, surg	8.70	NA	NA	NA	9.51	6.85	9.51	0.92	0.92	0.92	0.00	NA	NA	NA	NA	16.47	19.13	0.00	0.00	0.00
31240	A		Nasal/sinus endoscopy, surg	2.61	NA	NA	NA	2.83	1.99	2.83	0.29	0.29	0.29	0.00	NA	NA	NA	NA	4.89	5.73	0.00	0.00	0.00
31254	A		Revision of ethmoid sinus	4.65	NA	NA	NA	4.97	3.21	4.97	0.54	0.54	0.54	0.00	NA	NA	NA	NA	8.40	10.16	0.00	0.00	0.00
31255	A		Removal of ethmoid sinus	6.96	NA	NA	NA	7.41	4.72	7.41	0.89	0.89	0.89	0.00	NA	NA	NA	NA	12.57	15.26	0.00	0.00	0.00
31256	A		Exploration maxillary sinus	3.29	NA	NA	NA	3.55	2.39	3.55	0.32	0.32	0.32	0.00	NA	NA	NA	NA	6.00	7.16	0.00	0.00	0.00
31267	A		Endoscopy, maxillary sinus	5.46	NA	NA	NA	5.16	3.61	5.16	0.63	0.63	0.63	0.00	NA	NA	NA	NA	9.70	11.25	0.00	0.00	0.00
31276	A		Sinus surgical endoscopy	8.85	NA	NA	NA	6.89	5.69	6.89	0.57	0.57	0.57	0.00	NA	NA	NA	NA	15.11	16.31	0.00	0.00	0.00
31287	A		Nasal/sinus endoscopy, surg	3.92	NA	NA	NA	4.20	2.75	4.20	0.51	0.51	0.51	0.00	NA	NA	NA	NA	7.18	8.63	0.00	0.00	0.00
31288	A		Nasal/sinus endoscopy, surg	4.58	NA	NA	NA	4.88	3.10	4.88	0.61	0.61	0.61	0.00	NA	NA	NA	NA	8.29	10.07	0.00	0.00	0.00
31290	A		Nasal/sinus endoscopy, surg	17.24	NA	NA	NA	16.41	12.01	16.41	1.41	1.41	1.41	0.00	NA	NA	NA	NA	30.66	35.06	0.00	0.00	0.00
31291	A		Nasal/sinus endoscopy, surg	18.19	NA	NA	NA	17.16	12.28	17.16	1.47	1.47	1.47	0.00	NA	NA	NA	NA	31.94	36.82	0.00	0.00	0.00
31292	A		Nasal/sinus endoscopy, surg	14.76	NA	NA	NA	13.53	10.55	13.53	1.13	1.13	1.13	0.00	NA	NA	NA	NA	26.44	29.42	0.00	0.00	0.00
31293	A		Nasal/sinus endoscopy, surg	16.21	NA	NA	NA	14.86	11.77	14.86	1.24	1.24	1.24	0.00	NA	NA	NA	NA	29.22	32.31	0.00	0.00	0.00
31294	A		Nasal/sinus endoscopy, surg	19.06	NA	NA	NA	16.81	12.77	16.81	1.43	1.43	1.43	0.00	NA	NA	NA	NA	33.26	37.30	0.00	0.00	0.00
31299	C		Sinus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31300	A		Removal of larynx lesion	14.29	NA	NA	NA	13.76	17.31	13.76	1.00	1.00	1.00	0.00	NA	NA	NA	NA	32.60	29.05	0.00	0.00	0.00
31320	A		Diagnostic incision larynx	5.26	NA	NA	NA	6.11	11.84	6.11	0.38	0.38	0.38	0.00	NA	NA	NA	NA	17.48	11.75	0.00	0.00	0.00
31360	A		Removal of larynx	17.08	NA	NA	NA	20.36	20.26	20.36	1.71	1.71	1.71	0.00	NA	NA	NA	NA	39.05	39.15	0.00	0.00	0.00
31365	A		Removal of larynx	24.16	NA	NA	NA	27.75	24.46	27.75	2.43	2.43	2.43	0.00	NA	NA	NA	NA	51.05	54.34	0.00	0.00	0.00
31367	A		Partial removal of larynx	21.86	NA	NA	NA	20.08	24.25	20.08	1.47	1.47	1.47	0.00	NA	NA	NA	NA	47.58	43.41	0.00	0.00	0.00
31368	A		Partial removal of larynx	27.09	NA	NA	NA	29.26	29.93	29.26	2.39	2.39	2.39	0.00	NA	NA	NA	NA	59.41	58.74	0.00	0.00	0.00
31370	A		Partial removal of larynx	21.38	NA	NA	NA	19.78	23.21	19.78	1.47	1.47	1.47	0.00	NA	NA	NA	NA	46.06	42.63	0.00	0.00	0.00
31375	A		Partial removal of larynx	20.21	NA	NA	NA	17.95	23.45	17.95	1.22	1.22	1.22	0.00	NA	NA	NA	NA	44.88	39.38	0.00	0.00	0.00
31380	A		Partial removal of larynx	20.21	NA	NA	NA	19.73	22.70	19.73	1.47	1.47	1.47	0.00	NA	NA	NA	NA	44.38	41.41	0.00	0.00	0.00
31382	A		Partial removal of larynx	20.52	NA	NA	NA	18.77	22.80	18.77	1.39	1.39	1.39	0.00	NA	NA	NA	NA	44.71	40.68	0.00	0.00	0.00
31390	A		Removal of larynx & pharynx	27.53	NA	NA	NA	29.47	29.71	29.47	3.17	3.17	3.17	0.00	NA	NA	NA	NA	60.41	60.17	0.00	0.00	0.00
31395	A		Reconstruct larynx & pharynx	31.09	NA	NA	NA	36.04	35.01	36.04	3.46	3.46	3.46	0.00	NA	NA	NA	NA	69.56	70.59	0.00	0.00	0.00
31400	A		Revision of larynx	10.31	NA	NA	NA	10.32	15.83	10.32	0.71	0.71	0.71	0.00	NA	NA	NA	NA	26.85	21.34	0.00	0.00	0.00
31420	A		Removal of epiglottis	10.22	NA	NA	NA	10.30	14.89	10.30	0.66	0.66	0.66	0.00	NA	NA	NA	NA	25.77	21.18	0.00	0.00	0.00
31500	A		Insert emergency airway	2.33	NA	NA	NA	1.10	0.69	1.10	0.11	0.11	0.11	0.00	NA	NA	NA	NA	3.13	3.54	0.00	0.00	0.00
31502	A		Change of windpipe airway	0.65	1.45	0.84	0.84	0.54	0.26	0.54	0.05	0.05	0.05	0.00	2.15	1.54	2.15	1.54	0.96	1.24	0.00	0.00	0.00
31505	A		Diagnostic laryngoscopy	0.61	1.44	0.71	0.71	0.29	0.43	0.29	0.04	0.04	0.04	0.00	2.09	1.36	2.09	1.36	1.08	0.94	0.00	0.00	0.00

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	facility		Non-facility		Facility		Mal-practice		Non-facility		Transitional		Facility		Transitional Facility Total	Global		
					practice expense		RVUs		practice expense		RVUs		RVUs		RVUs		Total				Total	
31510	A		Laryngoscopy with biopsy	1.92	2.24	1.01	0.98	0.70	0.05	0.05	4.21	2.98	2.95	2.67	0.00	0.00	0.00	0.00	0.00	0.00		
31511	A		Remove foreign body, larynx	2.16	2.48	1.40	0.73	0.96	0.08	0.08	4.72	3.64	2.97	3.20	0.00	0.00	0.00	0.00	0.00	0.00		
31512	A		Removal of larynx lesion	2.07	2.44	2.07	1.11	1.73	0.16	0.16	4.67	4.30	3.34	3.96	0.00	0.00	0.00	0.00	0.00	0.00		
31513	A		Injection into vocal cord	2.10	NA	NA	1.58	2.28	0.30	0.30	NA	NA	3.98	4.68	0.00	0.00	0.00	0.00	0.00	0.00		
31515	A		Laryngoscopy for aspiration	1.80	2.90	1.65	1.04	1.18	0.11	0.11	4.81	3.56	2.95	3.09	0.00	0.00	0.00	0.00	0.00	0.00		
31520	A		Diagnostic laryngoscopy	2.56	NA	NA	1.60	1.74	0.14	0.14	NA	NA	4.30	4.44	0.00	0.00	0.00	0.00	0.00	0.00		
31525	A		Diagnostic laryngoscopy	2.63	2.50	2.42	1.70	1.33	0.18	0.18	5.31	5.23	4.51	4.14	0.00	0.00	0.00	0.00	0.00	0.00		
31526	A		Diagnostic laryngoscopy	2.57	NA	NA	1.87	2.77	0.30	0.30	NA	NA	4.74	5.64	0.00	0.00	0.00	0.00	0.00	0.00		
31527	A		Laryngoscopy for treatment	3.27	NA	NA	2.12	2.96	0.23	0.23	NA	NA	5.62	6.46	0.00	0.00	0.00	0.00	0.00	0.00		
31528	A		Laryngoscopy and dilatation	2.37	NA	NA	1.64	2.53	0.23	0.23	NA	NA	4.24	5.13	0.00	0.00	0.00	0.00	0.00	0.00		
31529	A		Laryngoscopy and dilatation	2.68	NA	NA	1.90	2.48	0.20	0.20	NA	NA	4.78	5.36	0.00	0.00	0.00	0.00	0.00	0.00		
31530	A		Operative laryngoscopy	3.39	NA	NA	1.96	3.45	0.31	0.31	NA	NA	5.66	7.15	0.00	0.00	0.00	0.00	0.00	0.00		
31531	A		Operative laryngoscopy	3.59	NA	NA	2.52	3.85	0.47	0.47	NA	NA	6.58	7.91	0.00	0.00	0.00	0.00	0.00	0.00		
31535	A		Operative laryngoscopy	3.16	NA	NA	2.09	3.36	0.35	0.35	NA	NA	5.60	6.87	0.00	0.00	0.00	0.00	0.00	0.00		
31536	A		Operative laryngoscopy	3.56	NA	NA	2.50	3.81	0.46	0.46	NA	NA	6.52	7.83	0.00	0.00	0.00	0.00	0.00	0.00		
31540	A		Operative laryngoscopy	4.13	NA	NA	2.80	4.40	0.48	0.48	NA	NA	7.41	9.01	0.00	0.00	0.00	0.00	0.00	0.00		
31541	A		Operative laryngoscopy	4.53	NA	NA	3.08	4.48	0.59	0.59	NA	NA	8.20	9.60	0.00	0.00	0.00	0.00	0.00	0.00		
31560	A		Operative laryngoscopy	5.46	NA	NA	3.64	4.98	0.40	0.40	NA	NA	9.50	10.84	0.00	0.00	0.00	0.00	0.00	0.00		
31561	A		Operative laryngoscopy	6.00	NA	NA	4.09	6.12	0.84	0.84	NA	NA	10.93	12.96	0.00	0.00	0.00	0.00	0.00	0.00		
31570	A		Laryngoscopy with injection	3.87	3.48	4.34	2.59	2.38	0.47	0.47	7.82	8.68	6.93	6.72	0.00	0.00	0.00	0.00	0.00	0.00		
31571	A		Laryngoscopy with injection	4.27	NA	NA	2.90	4.39	0.54	0.54	NA	NA	7.71	9.20	0.00	0.00	0.00	0.00	0.00	0.00		
31575	A		Diagnostic laryngoscopy	1.10	1.79	1.72	0.61	0.79	0.13	0.13	3.02	2.95	1.84	2.02	0.00	0.00	0.00	0.00	0.00	0.00		
31576	A		Laryngoscopy with biopsy	1.97	1.82	2.23	1.03	2.03	0.26	0.26	4.05	4.46	3.26	4.26	0.00	0.00	0.00	0.00	0.00	0.00		
31577	A		Remove foreign body, larynx	2.47	2.18	2.76	1.21	2.52	0.29	0.29	4.94	5.52	3.97	5.28	0.00	0.00	0.00	0.00	0.00	0.00		
31578	A		Removal of larynx lesion	2.84	2.41	3.15	1.61	2.95	0.38	0.38	5.63	6.37	4.83	6.17	0.00	0.00	0.00	0.00	0.00	0.00		
31579	A		Diagnostic laryngoscopy	2.26	2.45	2.51	1.20	1.25	0.20	0.20	4.91	4.97	3.66	3.71	0.00	0.00	0.00	0.00	0.00	0.00		
31580	A		Revision of larynx	12.38	NA	NA	17.38	15.43	1.28	1.28	NA	NA	31.04	29.09	0.00	0.00	0.00	0.00	0.00	0.00		
31582	A		Revision of larynx	21.62	NA	NA	22.26	20.11	1.52	1.52	NA	NA	45.40	43.25	0.00	0.00	0.00	0.00	0.00	0.00		
31584	A		Repair of larynx fracture	19.64	NA	NA	18.70	15.03	1.05	1.05	NA	NA	39.39	35.72	0.00	0.00	0.00	0.00	0.00	0.00		
31585	A		Repair of larynx fracture	4.64	NA	NA	8.68	5.24	0.31	0.31	NA	NA	13.63	10.19	0.00	0.00	0.00	0.00	0.00	0.00		
31586	A		Repair of larynx fracture	8.03	NA	NA	11.46	8.20	0.56	0.56	NA	NA	20.05	16.79	0.00	0.00	0.00	0.00	0.00	0.00		
31587	A		Revision of larynx	11.99	NA	NA	15.94	9.85	0.62	0.62	NA	NA	28.55	22.46	0.00	0.00	0.00	0.00	0.00	0.00		
31588	A		Revision of larynx	13.11	NA	NA	17.94	13.19	0.91	0.91	NA	NA	31.96	27.21	0.00	0.00	0.00	0.00	0.00	0.00		
31590	A		Reinnervate larynx	6.97	NA	NA	11.96	7.68	0.49	0.49	NA	NA	19.42	15.14	0.00	0.00	0.00	0.00	0.00	0.00		
31595	A		Larynx nerve surgery	8.34	NA	NA	13.65	8.98	0.58	0.58	NA	NA	22.57	17.90	0.00	0.00	0.00	0.00	0.00	0.00		
31599	C		Larynx surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
31600	A		Incision of windpipe	3.62	NA	NA	2.28	3.81	0.51	0.51	NA	NA	6.41	7.94	0.00	0.00	0.00	0.00	0.00	0.00		
31601	A		Incision of windpipe	4.45	NA	NA	3.28	4.81	0.52	0.52	NA	NA	8.25	9.78	0.00	0.00	0.00	0.00	0.00	0.00		
31603	A		Incision of windpipe	4.15	NA	NA	2.56	4.08	0.52	0.52	NA	NA	7.23	8.75	0.00	0.00	0.00	0.00	0.00	0.00		
31605	A		Incision of windpipe	3.58	NA	NA	1.84	3.67	0.39	0.39	NA	NA	5.81	7.64	0.00	0.00	0.00	0.00	0.00	0.00		

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Mal- practice RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs		Total	Non- facility Total	Facility Total				
31610	A		Incision of windpipe	8.76	NA	NA	10.57	8.07	8.07	0.72	0.72	NA	NA	NA	NA	20.05	17.55	090
31611	A		Surgery/speech prosthesis	5.64	NA	NA	10.06	7.77	7.77	0.81	0.81	NA	NA	NA	NA	16.51	14.22	090
31612	A		Puncture/clear windpipe	0.91	1.43	1.31	0.46	0.93	0.93	0.09	0.09	2.43	2.43	2.31	2.31	1.46	1.93	000
31613	A		Repair windpipe opening	4.59	NA	NA	8.23	3.86	3.86	0.22	0.22	NA	NA	NA	NA	13.04	8.67	090
31614	A		Repair windpipe opening	7.12	NA	NA	11.69	8.41	8.41	0.57	0.57	NA	NA	NA	NA	19.38	16.10	090
31615	A		Visualization of windpipe	2.09	3.33	2.42	1.25	1.90	1.90	0.17	0.17	5.59	5.59	4.68	4.68	3.51	4.16	000
31622	A		Dx bronchoscope/wash	2.67	3.18	3.30	1.12	2.79	2.79	0.27	0.27	6.12	6.12	6.24	6.24	4.06	5.73	000
31623	A		Dx bronchoscope/brush	3.07	3.33	3.33	1.25	1.25	1.25	0.27	0.27	6.67	6.67	6.67	6.67	4.59	4.59	000
31624	A		Dx bronchoscope/lavage	3.11	3.35	3.35	1.26	1.26	1.26	0.27	0.27	6.73	6.73	6.73	6.73	4.64	4.64	000
31625	A		Bronchoscopy with biopsy	3.37	3.38	3.87	1.30	3.35	3.35	0.27	0.27	7.02	7.02	7.51	7.51	4.94	6.99	000
31628	A		Bronchoscopy with biopsy	3.81	3.24	4.22	1.40	3.76	3.76	0.30	0.30	7.35	7.35	8.33	8.33	5.51	7.87	000
31629	A		Bronchoscopy with biopsy	3.37	NA	NA	1.29	3.35	3.35	0.27	0.27	NA	NA	NA	NA	4.93	6.99	000
31630	A		Bronchoscopy with repair	3.82	NA	NA	2.00	3.53	3.53	0.39	0.39	NA	NA	NA	NA	6.21	7.74	000
31631	A		Bronchoscopy with dilation	4.37	NA	NA	2.04	3.72	3.72	0.38	0.38	NA	NA	NA	NA	6.79	8.47	000
31635	A		Remove foreign body, airway	3.68	NA	NA	1.73	3.73	3.73	0.41	0.41	NA	NA	NA	NA	5.82	7.82	000
31640	A		Bronchoscopy & remove lesion	4.94	NA	NA	2.45	4.70	4.70	0.52	0.52	NA	NA	NA	NA	7.91	10.16	000
31641	A		Bronchoscopy, treat blockage	5.03	NA	NA	2.15	5.04	5.04	0.66	0.66	NA	NA	NA	NA	7.84	10.73	000
31643	A		Dx bronchoscope/catheter	3.50	1.73	1.73	1.23	1.23	1.23	0.66	0.66	5.89	5.89	5.89	5.89	5.39	5.39	000
31645	A		Bronchoscopy, clear airways	3.16	NA	NA	1.30	3.16	3.16	0.23	0.23	NA	NA	NA	NA	4.69	6.55	000
31646	A		Bronchoscopy, reclear airways	2.72	NA	NA	1.19	2.73	2.73	0.21	0.21	NA	NA	NA	NA	4.12	5.66	000
31656	A		Bronchoscopy, inject for xray	2.17	NA	NA	0.93	2.18	2.18	0.24	0.24	NA	NA	NA	NA	3.34	4.59	000
31700	A		Insertion of airway catheter	1.34	2.42	1.73	0.68	1.30	1.30	0.13	0.13	3.89	3.89	3.20	3.20	2.15	2.77	000
31708	A		Instill airway contrast dye	1.41	NA	NA	0.72	0.81	0.81	0.07	0.07	NA	NA	NA	NA	2.20	2.29	000
31710	A		Insertion of airway catheter	1.30	NA	NA	0.72	0.92	0.92	0.09	0.09	NA	NA	NA	NA	2.11	2.31	000
31715	A		Injection for bronchus x-ray	1.11	NA	NA	0.62	0.55	0.55	0.03	0.03	NA	NA	NA	NA	1.76	1.69	000
31717	A		Bronchial brush biopsy	2.12	4.60	1.74	0.92	0.82	0.82	0.05	0.05	6.77	6.77	3.91	3.91	3.09	2.99	000
31720	A		Clearance of airways	1.06	2.01	1.10	0.56	0.74	0.74	0.07	0.07	3.14	3.14	2.23	2.23	1.69	1.87	000
31725	A		Clearance of airways	1.96	NA	NA	0.84	1.36	1.36	0.12	0.12	NA	NA	NA	NA	2.92	3.44	000
31730	A		Intro windpipe wire/tube	2.85	2.02	2.52	1.03	2.27	2.27	0.18	0.18	5.05	5.05	5.55	5.55	4.06	5.30	000
31750	A		Repair of windpipe	13.02	NA	NA	16.32	11.31	11.31	0.85	0.85	NA	NA	NA	NA	30.19	25.18	090
31755	A		Repair of windpipe	15.93	NA	NA	19.27	15.64	15.64	1.13	1.13	NA	NA	NA	NA	36.33	32.70	090
31760	A		Repair of windpipe	22.35	NA	NA	20.55	13.19	13.19	1.99	1.99	NA	NA	NA	NA	41.54	37.53	090
31766	A		Reconstruction of windpipe	30.43	NA	NA	20.55	20.12	20.12	0.88	0.88	NA	NA	NA	NA	51.86	51.43	090
31770	A		Repair/graft of bronchus	22.51	NA	NA	18.02	16.77	16.77	1.63	1.63	NA	NA	NA	NA	42.16	40.91	090
31775	A		Reconstruct bronchus	23.54	NA	NA	18.92	18.06	18.06	1.50	1.50	NA	NA	NA	NA	43.96	43.10	090
31780	A		Reconstruct windpipe	17.72	NA	NA	16.68	18.28	18.28	1.63	1.63	NA	NA	NA	NA	36.03	37.63	090
31781	A		Reconstruct windpipe	23.53	NA	NA	23.29	19.55	19.55	1.53	1.53	NA	NA	NA	NA	48.35	44.61	090
31785	A		Remove windpipe lesion	17.23	NA	NA	18.82	11.97	11.97	0.92	0.92	NA	NA	NA	NA	36.97	30.12	090
31786	A		Remove windpipe lesion	23.98	NA	NA	24.59	16.97	16.97	1.75	1.75	NA	NA	NA	NA	50.32	42.70	090
31800	A		Repair of windpipe injury	7.43	NA	NA	10.65	6.65	6.65	0.59	0.59	NA	NA	NA	NA	18.67	14.67	090

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitioned		Facility		Mal- practice RVUs	Non-facility		Transitioned		Facility		Transitioned Facility Total	Global
					practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Non-facility Total	Non-facility facility		Non-facility Total	Facility Total						
31805	A		Repair of windpipe injury	13.13	NA	NA	12.39	11.09	1.10	1.10	NA	NA	NA	NA	26.62	25.32	090		
31820	A		Closure of windpipe lesion	4.49	7.02	4.67	8.01	4.92	0.36	0.36	11.87	9.52	12.86	9.77	090				
31825	A		Repair of windpipe defect	6.81	9.82	6.53	11.15	6.86	0.45	0.45	17.08	13.79	18.41	14.12	090				
31830	A		Revise windpipe scar	4.50	6.85	4.69	8.11	5.01	0.33	0.33	11.68	9.52	12.94	9.84	090				
31899	C		Airways surgical procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY				
32000	A		Drainage of chest	1.54	3.47	1.60	0.67	0.90	0.06	0.06	5.07	3.20	2.27	2.50	000				
32001	A		Total lung lavage	5.71	2.11	2.11	2.17	2.17	0.27	0.27	8.09	8.09	8.15	8.15	000				
32002	A		Treatment of collapsed lung	2.19	NA	NA	0.90	1.31	0.17	0.17	NA	NA	NA	3.26	3.67	000			
32005	A		Treat lung lining chemically	2.19	NA	NA	0.95	1.12	0.12	0.12	NA	NA	NA	3.26	3.43	000			
32020	A		Insertion of chest tube	3.98	NA	NA	1.58	2.53	0.34	0.34	NA	NA	NA	5.90	6.85	000			
32035	A		Exploration of chest	8.67	NA	NA	9.34	7.84	0.98	0.98	NA	NA	18.99	17.49	090				
32036	A		Exploration of chest	9.68	NA	NA	10.12	8.34	1.03	1.03	NA	NA	20.83	19.05	090				
32095	A		Biopsy through chest wall	8.36	NA	NA	9.21	9.02	1.13	1.13	NA	NA	18.70	18.51	090				
32100	A		Exploration/biopsy of chest	11.84	NA	NA	10.84	11.86	1.64	1.64	NA	NA	24.32	25.34	090				
32110	A		Explore/repair chest	13.62	NA	NA	13.71	12.80	1.57	1.57	NA	NA	28.90	27.99	090				
32120	A		Re-exploration of chest	11.54	NA	NA	10.85	10.41	1.35	1.35	NA	NA	23.74	23.30	090				
32124	A		Explore chest, free adhesions	12.72	NA	NA	10.90	11.63	1.73	1.73	NA	NA	25.35	26.08	090				
32140	A		Removal of lung lesion(s)	13.93	NA	NA	11.48	12.94	1.89	1.89	NA	NA	27.30	28.76	090				
32141	A		Remove/treat lung lesions	14.00	NA	NA	14.10	14.45	1.98	1.98	NA	NA	30.08	30.43	090				
32150	A		Removal of lung lesion(s)	14.15	NA	NA	11.67	11.33	1.57	1.57	NA	NA	27.39	27.05	090				
32151	A		Remove lung foreign body	14.21	NA	NA	11.71	10.38	1.07	1.07	NA	NA	26.99	25.66	090				
32160	A		Open chest heart massage	9.30	NA	NA	9.73	9.87	1.19	1.19	NA	NA	20.22	20.36	090				
32200	A		Open drainage, lung lesion	15.29	NA	NA	14.35	9.20	0.73	0.73	NA	NA	30.37	25.22	090				
32201	A		Percut drainage, lung lesion	4.00	NA	NA	10.61	5.12	0.27	0.27	NA	NA	14.88	9.39	000				
32215	A		Treat chest lining	11.33	NA	NA	10.00	8.70	1.00	1.00	NA	NA	22.33	21.03	090				
32220	A		Release of lung	19.27	NA	NA	15.70	16.80	2.35	2.35	NA	NA	37.32	38.42	090				
32225	A		Partial release of lung	13.96	NA	NA	14.31	13.22	1.78	1.78	NA	NA	30.05	28.96	090				
32310	A		Removal of chest lining	13.44	NA	NA	13.18	12.77	1.64	1.64	NA	NA	28.26	27.85	090				
32320	A		Free/remove chest lining	20.54	NA	NA	16.05	18.74	2.66	2.66	NA	NA	39.25	41.94	090				
32400	A		Needle biopsy chest lining	1.76	1.44	1.57	1.01	1.46	0.09	0.09	3.29	3.42	2.86	3.31	000				
32402	A		Open biopsy chest lining	7.56	NA	NA	7.65	8.09	1.05	1.05	NA	NA	16.26	16.70	090				
32405	A		Biopsy, lung or mediastinum	1.93	1.81	2.18	1.21	2.03	0.14	0.14	3.88	4.25	3.28	4.10	000				
32420	A		Puncture/clear lung	2.18	NA	NA	0.89	1.45	0.10	0.10	NA	NA	3.17	3.73	000				
32440	A		Removal of lung	21.02	NA	NA	15.92	19.09	2.78	2.78	NA	NA	39.72	42.89	090				
32442	A		Sleeve pneumonectomy	26.24	NA	NA	19.71	19.53	2.74	2.74	NA	NA	48.69	48.51	090				
32445	A		Removal of lung	25.09	NA	NA	18.72	21.33	3.04	3.04	NA	NA	46.85	49.46	090				
32480	A		Partial removal of lung	18.32	NA	NA	12.09	16.98	2.53	2.53	NA	NA	32.94	37.83	090				
32482	A		Bilobectomy	19.71	NA	NA	13.86	17.42	2.53	2.53	NA	NA	36.10	39.66	090				
32484	A		Segmentectomy	20.69	NA	NA	14.37	17.55	2.53	2.53	NA	NA	37.59	40.77	090				
32486	A		Sleeve lobectomy	23.92	NA	NA	17.44	17.82	2.53	2.53	NA	NA	43.89	44.27	090				

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	practice	expense	practice	expense	practice	expense	practice	RVUs	RVUs	practice	RVUs	Non- facility	Total	Facility	Total	Transitioned	Global
					RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	
32488		A	Completion pneumonectomy	25.71	NA	NA	18.37	19.03	2.71	NA	NA	NA	NA	46.79	47.45	NA	NA	46.79	47.45	090	
32491		R	Lung volume reduction	21.25	NA	NA	16.71	16.76	2.36	NA	NA	NA	NA	40.32	40.37	NA	NA	40.32	40.37	090	
32500		A	Partial removal of lung	14.30	NA	NA	11.82	13.92	2.00	NA	NA	NA	NA	28.12	30.22	NA	NA	28.12	30.22	090	
32501		A	Repair bronchus (add-on)	4.69	NA	NA	1.75	3.95	0.55	NA	NA	NA	NA	6.99	9.19	NA	NA	6.99	9.19	ZZZ	
32520		A	Remove lung & revise chest	21.68	NA	NA	15.60	20.72	3.07	NA	NA	NA	NA	40.35	45.47	NA	NA	40.35	45.47	090	
32522		A	Remove lung & revise chest	24.20	NA	NA	17.57	22.22	3.28	NA	NA	NA	NA	45.05	49.70	NA	NA	45.05	49.70	090	
32525		A	Remove lung & revise chest	26.50	NA	NA	18.39	23.72	3.61	NA	NA	NA	NA	48.50	53.83	NA	NA	48.50	53.83	090	
32540		A	Removal of lung lesion	14.64	NA	NA	14.12	13.03	1.60	NA	NA	NA	NA	30.36	29.27	NA	NA	30.36	29.27	090	
32601		A	Thoracoscopy, diagnostic	5.46	NA	NA	4.67	4.00	0.45	NA	NA	NA	NA	10.58	9.91	NA	NA	10.58	9.91	000	
32602		A	Thoracoscopy, diagnostic	5.96	NA	NA	4.89	4.37	0.50	NA	NA	NA	NA	11.35	10.83	NA	NA	11.35	10.83	000	
32603		A	Thoracoscopy, diagnostic	7.81	NA	NA	5.15	4.12	0.45	NA	NA	NA	NA	13.41	12.38	NA	NA	13.41	12.38	000	
32604		A	Thoracoscopy, diagnostic	8.78	NA	NA	5.96	4.64	0.50	NA	NA	NA	NA	15.24	13.92	NA	NA	15.24	13.92	000	
32605		A	Thoracoscopy, diagnostic	6.93	NA	NA	5.59	4.23	0.45	NA	NA	NA	NA	12.97	11.61	NA	NA	12.97	11.61	000	
32606		A	Thoracoscopy, diagnostic	8.40	NA	NA	5.91	4.63	0.50	NA	NA	NA	NA	14.81	13.53	NA	NA	14.81	13.53	000	
32650		A	Thoracoscopy, surgical	10.75	NA	NA	10.14	8.74	1.00	NA	NA	NA	NA	21.89	20.49	NA	NA	21.89	20.49	090	
32651		A	Thoracoscopy, surgical	12.91	NA	NA	11.12	12.42	1.78	NA	NA	NA	NA	25.81	27.11	NA	NA	25.81	27.11	090	
32652		A	Thoracoscopy, surgical	18.66	NA	NA	14.64	16.53	2.35	NA	NA	NA	NA	35.65	37.54	NA	NA	35.65	37.54	090	
32653		A	Thoracoscopy, surgical	12.87	NA	NA	11.77	11.36	1.57	NA	NA	NA	NA	26.21	25.80	NA	NA	26.21	25.80	090	
32654		A	Thoracoscopy, surgical	12.44	NA	NA	12.58	12.51	1.57	NA	NA	NA	NA	26.59	26.52	NA	NA	26.59	26.52	090	
32655		A	Thoracoscopy, surgical	13.10	NA	NA	12.70	14.10	1.98	NA	NA	NA	NA	27.78	29.18	NA	NA	27.78	29.18	090	
32656		A	Thoracoscopy, surgical	12.91	NA	NA	10.91	13.60	1.85	NA	NA	NA	NA	25.67	28.36	NA	NA	25.67	28.36	090	
32657		A	Thoracoscopy, surgical	13.65	NA	NA	11.32	13.80	2.00	NA	NA	NA	NA	26.97	29.45	NA	NA	26.97	29.45	090	
32658		A	Thoracoscopy, surgical	11.63	NA	NA	10.14	12.95	1.97	NA	NA	NA	NA	23.74	26.55	NA	NA	23.74	26.55	090	
32659		A	Thoracoscopy, surgical	11.59	NA	NA	10.53	13.01	2.04	NA	NA	NA	NA	24.16	26.64	NA	NA	24.16	26.64	090	
32660		A	Thoracoscopy, surgical	17.43	NA	NA	14.29	19.17	2.79	NA	NA	NA	NA	34.51	39.39	NA	NA	34.51	39.39	090	
32661		A	Thoracoscopy, surgical	13.25	NA	NA	11.80	10.48	1.15	NA	NA	NA	NA	26.20	24.88	NA	NA	26.20	24.88	090	
32662		A	Thoracoscopy, surgical	16.44	NA	NA	11.96	14.83	2.14	NA	NA	NA	NA	30.54	33.41	NA	NA	30.54	33.41	090	
32663		A	Thoracoscopy, surgical	18.47	NA	NA	13.75	17.40	2.53	NA	NA	NA	NA	34.75	38.40	NA	NA	34.75	38.40	090	
32664		A	Thoracoscopy, surgical	14.20	NA	NA	10.72	11.27	1.60	NA	NA	NA	NA	26.52	27.07	NA	NA	26.52	27.07	090	
32665		A	Thoracoscopy, surgical	15.54	NA	NA	11.61	14.57	2.07	NA	NA	NA	NA	29.22	32.18	NA	NA	29.22	32.18	090	
32800		A	Repair lung hernia	13.69	NA	NA	11.19	9.54	1.24	NA	NA	NA	NA	26.12	24.47	NA	NA	26.12	24.47	090	
32810		A	Close chest after drainage	13.05	NA	NA	11.44	8.15	0.93	NA	NA	NA	NA	25.42	22.13	NA	NA	25.42	22.13	090	
32815		A	Close bronchial fistula	23.15	NA	NA	17.61	16.79	2.05	NA	NA	NA	NA	42.81	41.99	NA	NA	42.81	41.99	090	
32820		A	Reconstruct injured chest	21.48	NA	NA	17.24	19.78	2.53	NA	NA	NA	NA	41.25	43.79	NA	NA	41.25	43.79	090	
32850		X	Donor pneumonectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
32851		A	Lung transplant, single	38.63	NA	NA	22.26	26.36	3.90	NA	NA	NA	NA	64.79	68.89	NA	NA	64.79	68.89	090	
32852		A	Lung transplant w/bypass	41.80	NA	NA	24.29	28.63	4.23	NA	NA	NA	NA	70.32	74.66	NA	NA	70.32	74.66	090	
32853		A	Lung transplant, double	47.81	NA	NA	28.14	33.03	4.88	NA	NA	NA	NA	80.83	85.72	NA	NA	80.83	85.72	090	
32854		A	Lung transplant w/bypass	50.98	NA	NA	29.25	35.07	5.22	NA	NA	NA	NA	85.45	91.27	NA	NA	85.45	91.27	090	
32900		A	Removal of rib(s)	20.27	NA	NA	14.15	10.43	1.28	NA	NA	NA	NA	35.70	31.98	NA	NA	35.70	31.98	090	

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup>			Non- facility			Transitioned Non-facility			Facility			Transitioned Facility			Global
				RVUs	RVUs	RVUs	practice expense	RVUs	RVUs	practice expense	RVUs	RVUs	practice expense	RVUs	RVUs	practice expense	RVUs	RVUs	
32905	A		Revise & repair chest wall	20.75	NA	NA	15.30	14.20	2.03	NA	NA	NA	38.08	36.98	090	090	090	090	090
32906	A		Revise & repair chest wall	26.77	NA	NA	18.92	17.28	2.28	NA	NA	NA	47.97	46.33	090	090	090	090	090
32940	A		Revision of lung	19.43	NA	NA	13.13	12.54	1.37	NA	NA	NA	33.93	33.34	090	090	090	090	090
32960	A		Therapeutic pneumothorax	1.84	1.83	1.22	0.56	0.90	0.10	3.77	3.16	0.00	2.50	2.84	000	000	000	000	000
32999	C		Chest surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	YYY	YYY	YYY	YYY
33010	A		Drainage of heart sac	2.24	NA	NA	0.97	1.50	0.11	NA	NA	NA	3.32	3.85	000	000	000	000	000
33011	A		Repeat drainage of heart sac	2.24	NA	NA	1.12	0.73	0.09	NA	NA	NA	3.45	3.06	000	000	000	000	000
33015	A		Incision of heart sac	6.80	NA	NA	3.97	4.46	0.49	NA	NA	NA	11.26	11.75	090	090	090	090	090
33020	A		Incision of heart sac	12.61	NA	NA	7.73	12.73	1.97	NA	NA	NA	22.31	27.31	090	090	090	090	090
33025	A		Incision of heart sac	12.09	NA	NA	7.46	12.69	2.04	NA	NA	NA	21.59	26.82	090	090	090	090	090
33030	A		Partial removal of heart sac	18.71	NA	NA	15.56	20.64	3.07	NA	NA	NA	37.34	42.42	090	090	090	090	090
33031	A		Partial removal of heart sac	21.79	NA	NA	20.72	15.97	1.96	NA	NA	NA	44.47	39.72	090	090	090	090	090
33050	A		Removal of heart sac lesion	14.36	NA	NA	11.63	10.44	1.15	NA	NA	NA	27.14	25.95	090	090	090	090	090
33120	A		Removal of heart lesion	24.56	NA	NA	24.92	28.22	4.04	NA	NA	NA	53.52	56.82	090	090	090	090	090
33130	A		Removal of heart lesion	21.39	NA	NA	16.40	15.09	1.74	NA	NA	NA	39.53	38.22	090	090	090	090	090
33200	A		Insertion of heart pacemaker	12.48	NA	NA	9.02	12.25	1.49	NA	NA	NA	22.99	26.22	090	090	090	090	090
33201	A		Insertion of heart pacemaker	10.18	NA	NA	8.00	11.11	1.31	NA	NA	NA	19.49	22.60	090	090	090	090	090
33206	A		Insertion of heart pacemaker	6.67	NA	NA	5.29	7.30	1.05	NA	NA	NA	13.01	15.02	090	090	090	090	090
33207	A		Insertion of heart pacemaker	8.04	NA	NA	5.90	8.67	1.04	NA	NA	NA	14.98	17.75	090	090	090	090	090
33208	A		Insertion of heart pacemaker	8.13	NA	NA	6.17	8.82	1.20	NA	NA	NA	15.50	18.15	090	090	090	090	090
33210	A		Insertion of heart electrode	3.30	NA	NA	1.60	3.09	0.21	NA	NA	NA	5.11	6.60	000	000	000	000	000
33211	A		Insertion of heart electrode	3.40	NA	NA	1.93	3.17	0.21	NA	NA	NA	5.54	6.78	000	000	000	000	000
33212	A		Insertion of pulse generator	5.52	NA	NA	4.18	5.43	0.69	NA	NA	NA	10.39	11.64	090	090	090	090	090
33213	A		Insertion of pulse generator	6.37	NA	NA	4.69	5.55	0.69	NA	NA	NA	11.75	12.61	090	090	090	090	090
33214	A		Upgrade of pacemaker system	7.75	NA	NA	5.80	5.85	0.83	NA	NA	NA	14.38	14.43	090	090	090	090	090
33216	A		Revision implanted electrode	5.39	NA	NA	4.53	5.22	0.43	NA	NA	NA	10.35	11.04	090	090	090	090	090
33217	A		Insert/revise electrode	5.75	NA	NA	5.15	5.38	0.43	NA	NA	NA	11.33	11.56	090	090	090	090	090
33218	A		Repair pacemaker electrodes	5.44	NA	NA	4.21	4.79	0.49	NA	NA	NA	10.14	10.72	090	090	090	090	090
33220	A		Repair pacemaker electrode	5.52	NA	NA	4.58	4.88	0.49	NA	NA	NA	10.59	10.89	090	090	090	090	090
33222	A		Pacemaker acid pocket	4.96	NA	NA	3.94	5.43	0.79	NA	NA	NA	9.69	11.18	090	090	090	090	090
33223	A		Pacemaker acid pocket	6.46	NA	NA	5.54	6.03	0.79	NA	NA	NA	12.79	13.28	090	090	090	090	090
33233	A		Removal of pacemaker system	3.29	NA	NA	3.40	3.00	0.04	NA	NA	NA	6.73	6.33	090	090	090	090	090
33234	A		Removal of pacemaker system	7.82	NA	NA	5.42	3.67	0.18	NA	NA	NA	13.42	11.67	090	090	090	090	090
33235	A		Removal pacemaker electrode	9.40	NA	NA	6.09	4.08	0.26	NA	NA	NA	15.75	13.74	090	090	090	090	090
33236	A		Remove electrode/thoracotomy	12.60	NA	NA	9.34	5.58	0.49	NA	NA	NA	22.43	18.67	090	090	090	090	090
33237	A		Remove electrode/thoracotomy	13.71	NA	NA	10.04	10.33	0.88	NA	NA	NA	24.63	24.92	090	090	090	090	090
33238	A		Remove electrode/thoracotomy	15.22	NA	NA	10.73	11.05	1.57	NA	NA	NA	27.52	27.85	090	090	090	090	090
33240	A		Insert/replace pulse gener	7.60	NA	NA	5.77	5.82	0.69	NA	NA	NA	14.06	14.11	090	090	090	090	090
33241	A		Remove pulse generator only	3.24	NA	NA	3.62	2.66	0.34	NA	NA	NA	7.20	6.24	090	090	090	090	090
33242	A		Repair pulse generator/leads	6.17	NA	NA	5.95	7.02	1.20	NA	NA	NA	13.32	14.39	090	090	090	090	090

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitioned		Facility		Mal- practice RVUs	Non-facility		Transitioned		Facility		Global
					practice expense RVUs	Non-facility practice expense RVUs	practice expense RVUs	Non-facility practice expense RVUs	practice expense RVUs	Non-facility practice expense RVUs		practice expense RVUs	Non-facility practice expense RVUs					
33243	A		Remove generator/thoracotomy	22.64	NA	NA	12.97	NA	10.59	1.20	1.20	NA	NA	NA	36.81	34.43	090	
33244	A		Remove generator	8.97	NA	NA	6.28	NA	8.91	1.20	1.20	NA	NA	NA	16.45	19.08	090	
33245	A		Implant heart defibrillator	14.30	NA	NA	12.25	NA	15.87	1.85	1.85	NA	NA	NA	28.40	32.02	090	
33246	A		Implant heart defibrillator	20.71	NA	NA	14.15	NA	20.46	2.50	2.50	NA	NA	NA	37.36	43.67	090	
33247	A		Insert/replace leads	10.21	NA	NA	7.42	NA	11.00	1.85	1.85	NA	NA	NA	19.48	23.06	090	
33249	A		Insert/replace leads/gener	13.28	NA	NA	9.33	NA	14.23	2.50	2.50	NA	NA	NA	25.11	30.01	090	
33250	A		Ablate heart dysrhythm focus	21.85	NA	NA	22.63	NA	15.07	0.67	0.67	NA	NA	NA	45.15	37.59	090	
33251	A		Ablate heart dysrhythm focus	24.88	NA	NA	21.83	NA	18.82	2.51	2.51	NA	NA	NA	49.22	46.21	090	
33253	A		Reconstruct atria	31.06	NA	NA	24.67	NA	23.92	3.33	3.33	NA	NA	NA	59.06	58.31	090	
33261	A		Ablate heart dysrhythm focus	24.88	NA	NA	25.92	NA	17.84	2.14	2.14	NA	NA	NA	52.94	44.86	090	
33300	A		Repair of heart wound	17.92	NA	NA	15.05	NA	15.45	2.03	2.03	NA	NA	NA	35.00	35.40	090	
33305	A		Repair of heart wound	21.44	NA	NA	19.86	NA	19.13	2.40	2.40	NA	NA	NA	43.70	42.97	090	
33310	A		Exploratory heart surgery	18.51	NA	NA	14.53	NA	12.81	1.51	1.51	NA	NA	NA	34.55	32.83	090	
33315	A		Exploratory heart surgery	22.37	NA	NA	19.79	NA	16.73	2.01	2.01	NA	NA	NA	44.17	41.11	090	
33320	A		Repair major blood vessel(s)	16.79	NA	NA	15.36	NA	15.35	1.96	1.96	NA	NA	NA	34.11	34.10	090	
33321	A		Repair major vessel	20.20	NA	NA	13.90	NA	21.18	2.82	2.82	NA	NA	NA	36.92	44.20	090	
33322	A		Repair major blood vessel(s)	20.62	NA	NA	20.60	NA	22.85	2.82	2.82	NA	NA	NA	44.04	46.29	090	
33330	A		Insert major vessel graft	21.43	NA	NA	18.85	NA	15.03	1.51	1.51	NA	NA	NA	41.79	37.97	090	
33332	A		Insert major vessel graft	23.96	NA	NA	18.80	NA	16.96	1.87	1.87	NA	NA	NA	44.63	42.79	090	
33335	A		Insert major vessel graft	30.01	NA	NA	25.29	NA	18.59	1.87	1.87	NA	NA	NA	57.17	50.47	090	
33400	A		Repair of aortic valve	25.34	NA	NA	21.95	NA	26.82	2.21	2.21	NA	NA	NA	49.50	54.37	090	
33401	A		Valvuloplasty, open	23.91	NA	NA	17.93	NA	25.81	2.21	2.21	NA	NA	NA	44.05	51.93	090	
33403	A		Valvuloplasty, w/cp bypass	24.89	NA	NA	22.74	NA	27.02	2.21	2.21	NA	NA	NA	49.84	54.12	090	
33404	A		Prepare heart-aorta conduit	28.54	NA	NA	24.84	NA	31.64	4.37	4.37	NA	NA	NA	57.75	64.55	090	
33405	A		Replacement of aortic valve	30.61	NA	NA	25.45	NA	31.17	4.17	4.17	NA	NA	NA	60.23	65.95	090	
33406	A		Replacement, aortic valve	32.30	NA	NA	26.83	NA	35.63	5.83	5.83	NA	NA	NA	64.96	73.76	090	
33411	A		Replacement of aortic valve	32.47	NA	NA	27.33	NA	35.91	5.83	5.83	NA	NA	NA	65.63	74.21	090	
33412	A		Replacement of aortic valve	34.79	NA	NA	26.29	NA	37.72	5.83	5.83	NA	NA	NA	66.91	78.34	090	
33413	A		Replacement, aortic valve	35.24	NA	NA	31.45	NA	39.41	5.66	5.66	NA	NA	NA	72.35	80.31	090	
33414	A		Repair, aortic valve	30.35	NA	NA	25.61	NA	33.58	5.83	5.83	NA	NA	NA	61.79	69.76	090	
33415	A		Revision, subvalvular tissue	27.15	NA	NA	21.18	NA	29.61	4.17	4.17	NA	NA	NA	52.50	60.93	090	
33416	A		Revise ventricle muscle	30.35	NA	NA	25.18	NA	29.20	3.90	3.90	NA	NA	NA	59.43	63.45	090	
33417	A		Repair of aortic valve	28.53	NA	NA	23.87	NA	31.51	4.83	4.83	NA	NA	NA	57.23	64.87	090	
33420	A		Revision of mitral valve	22.70	NA	NA	14.92	NA	19.86	1.92	1.92	NA	NA	NA	39.54	44.48	090	
33422	A		Revision of mitral valve	25.94	NA	NA	21.78	NA	28.67	5.05	5.05	NA	NA	NA	52.77	59.66	090	
33425	A		Repair of mitral valve	27.00	NA	NA	23.75	NA	30.11	4.24	4.24	NA	NA	NA	54.99	61.35	090	
33426	A		Repair of mitral valve	31.03	NA	NA	26.57	NA	32.65	4.54	4.54	NA	NA	NA	62.14	68.22	090	
33427	A		Repair of mitral valve	33.72	NA	NA	29.05	NA	35.52	4.93	4.93	NA	NA	NA	67.70	74.17	090	
33430	A		Replacement of mitral valve	31.43	NA	NA	27.45	NA	35.00	4.78	4.78	NA	NA	NA	63.66	71.21	090	
33460	A		Revision of tricuspid valve	23.60	NA	NA	22.29	NA	26.70	3.70	3.70	NA	NA	NA	49.59	54.00	090	

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CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global	
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs		
33463	A		Valvuloplasty, tricuspid	25.62	NA	NA	22.25	28.50	4.65	NA	NA	52.52	58.77	090
33464	A		Valvuloplasty, tricuspid	27.33	NA	NA	23.56	30.36	4.65	NA	NA	55.54	62.34	090
33465	A		Replace tricuspid valve	28.79	NA	NA	24.44	31.89	4.65	NA	NA	57.88	65.33	090
33468	A		Revision of tricuspid valve	30.12	NA	NA	25.53	33.35	4.93	NA	NA	60.58	68.40	090
33470	A		Revision of pulmonary valve	20.81	NA	NA	23.93	22.12	1.92	NA	NA	46.66	44.85	090
33471	A		Valvotomy, pulmonary valve	22.25	NA	NA	16.89	24.15	2.21	NA	NA	41.35	48.61	090
33472	A		Revision of pulmonary valve	22.25	NA	NA	17.45	24.29	2.21	NA	NA	41.91	48.75	090
33474	A		Revision of pulmonary valve	23.04	NA	NA	18.61	25.28	2.21	NA	NA	43.86	50.53	090
33475	A		Replacement, pulmonary valve	28.41	NA	NA	23.36	31.27	4.78	NA	NA	56.55	64.46	090
33476	A		Revision of heart chamber	25.77	NA	NA	22.56	28.55	3.90	NA	NA	52.23	58.22	090
33478	A		Revision of heart chamber	26.74	NA	NA	20.18	28.99	4.24	NA	NA	51.16	59.97	090
33496	A		Repair, prost valve clot	27.25	NA	NA	22.97	30.15	4.17	NA	NA	54.39	61.57	090
33500	A		Repair heart vessel fistula	25.55	NA	NA	19.26	27.70	4.07	NA	NA	48.88	57.32	090
33501	A		Repair heart vessel fistula	17.78	NA	NA	14.30	15.09	1.96	NA	NA	34.04	34.83	090
33502	A		Coronary artery correction	21.04	NA	NA	17.62	15.92	1.96	NA	NA	40.62	38.92	090
33503	A		Coronary artery graft	21.78	NA	NA	17.96	23.99	4.07	NA	NA	43.81	49.84	090
33504	A		Coronary artery graft	24.66	NA	NA	25.14	28.37	4.07	NA	NA	53.87	57.10	090
33505	A		Repair artery w/tunnel	26.84	NA	NA	26.41	30.63	4.72	NA	NA	57.97	62.19	090
33506	A		Repair artery, translocation	26.71	NA	NA	26.11	30.44	4.72	NA	NA	57.54	61.87	090
33510	A		CABG, vein, single	25.12	NA	NA	21.80	27.94	4.07	NA	NA	50.99	57.13	090
33511	A		CABG, vein, two	27.40	NA	NA	23.48	30.40	4.47	NA	NA	55.35	62.27	090
33512	A		CABG, vein, three	29.67	NA	NA	25.13	32.85	4.87	NA	NA	59.67	67.39	090
33513	A		CABG, vein, four	31.95	NA	NA	27.06	35.38	5.27	NA	NA	64.28	72.60	090
33514	A		CABG, vein, five	35.00	NA	NA	30.27	38.90	5.66	NA	NA	70.93	79.56	090
33516	A		CABG, vein, six+	37.40	NA	NA	31.61	41.39	6.06	NA	NA	75.07	84.85	090
33517	A		CABG, artery-vein, single	2.57	NA	NA	2.17	2.85	0.39	NA	NA	5.13	5.81	ZZZ
33518	A		CABG, artery-vein, two	4.85	NA	NA	3.83	5.31	0.80	NA	NA	9.48	10.96	ZZZ
33519	A		CABG, artery-vein, three	7.12	NA	NA	5.51	7.75	1.19	NA	NA	13.82	16.06	ZZZ
33521	A		CABG, artery-vein, four	9.40	NA	NA	7.23	10.22	1.59	NA	NA	18.22	21.21	ZZZ
33522	A		CABG, artery-vein, five	11.67	NA	NA	8.96	12.69	1.99	NA	NA	22.62	26.35	ZZZ
33523	A		CABG, artery-vein, six+	13.95	NA	NA	10.61	15.15	2.39	NA	NA	26.95	31.49	ZZZ
33530	A		Coronary artery, bypass/reop	5.86	NA	NA	16.38	9.35	1.71	NA	NA	23.95	16.92	ZZZ
33533	A		CABG, arterial, single	25.83	NA	NA	22.94	28.86	4.19	NA	NA	52.96	58.88	090
33534	A		CABG, arterial, two	28.82	NA	NA	25.78	32.25	4.72	NA	NA	59.32	65.79	090
33535	A		CABG, arterial, three	31.81	NA	NA	25.01	34.73	5.24	NA	NA	62.06	71.78	090
33536	A		CABG, arterial, four+	34.79	NA	NA	30.41	38.75	5.77	NA	NA	70.97	79.31	090
33542	A		Removal of heart lesion	28.85	NA	NA	26.82	31.72	4.33	NA	NA	60.00	64.90	090
33545	A		Repair of heart damage	36.78	NA	NA	32.81	36.63	4.91	NA	NA	74.50	78.32	090
33572	A		Open coronary endarterectomy	4.45	NA	NA	2.19	3.18	0.49	NA	NA	7.13	8.12	ZZZ
33600	A		Closure of valve	29.51	NA	NA	20.67	31.59	4.78	NA	NA	54.96	65.88	090

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## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitioned		Facility		Mal-practice		Non-facility		Transitioned		Facility		Transitioned		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
33602	A		Closure of valve	28.54	NA	NA	22.20	30.36	4.17	NA	NA	NA	NA	NA	NA	NA	54.91	63.07	NA	NA	090
33606	A		Anastomosis/artery-aorta	30.74	NA	NA	26.48	34.14	5.83	NA	NA	NA	NA	NA	NA	NA	63.05	70.71	NA	NA	090
33608	A		Repair anomaly w/conduit	31.09	NA	NA	24.77	34.03	5.83	NA	NA	NA	NA	NA	NA	NA	61.69	70.95	NA	NA	090
33610	A		Repair by enlargement	30.61	NA	NA	21.21	32.71	5.83	NA	NA	NA	NA	NA	NA	NA	57.65	69.15	NA	NA	090
33611	A		Repair double ventricle	32.30	NA	NA	24.23	34.98	5.83	NA	NA	NA	NA	NA	NA	NA	62.36	73.11	NA	NA	090
33612	A		Repair double ventricle	33.26	NA	NA	25.90	36.26	5.83	NA	NA	NA	NA	NA	NA	NA	64.99	75.35	NA	NA	090
33615	A		Repair (simple fontan)	32.06	NA	NA	25.66	35.13	5.83	NA	NA	NA	NA	NA	NA	NA	63.55	73.02	NA	NA	090
33617	A		Repair by modified fontan	34.03	NA	NA	26.83	37.17	5.83	NA	NA	NA	NA	NA	NA	NA	66.69	77.03	NA	NA	090
33619	A		Repair single ventricle	37.57	NA	NA	35.42	42.49	6.29	NA	NA	NA	NA	NA	NA	NA	79.28	86.35	NA	NA	090
33641	A		Repair heart septum defect	21.39	NA	NA	18.96	23.90	3.81	NA	NA	NA	NA	NA	NA	NA	44.16	49.10	NA	NA	090
33645	A		Revision of heart veins	24.82	NA	NA	20.15	27.26	3.81	NA	NA	NA	NA	NA	NA	NA	48.78	55.89	NA	NA	090
33647	A		Repair heart septum defects	28.73	NA	NA	24.03	31.73	4.91	NA	NA	NA	NA	NA	NA	NA	57.67	65.37	NA	NA	090
33660	A		Repair of heart defects	25.54	NA	NA	21.71	28.29	4.24	NA	NA	NA	NA	NA	NA	NA	51.49	58.07	NA	NA	090
33665	A		Repair of heart defects	28.60	NA	NA	22.68	31.13	4.24	NA	NA	NA	NA	NA	NA	NA	55.52	63.97	NA	NA	090
33670	A		Repair of heart chambers	32.73	NA	NA	23.56	35.19	5.83	NA	NA	NA	NA	NA	NA	NA	62.12	73.75	NA	NA	090
33681	A		Repair heart septum defect	27.67	NA	NA	22.97	30.52	4.91	NA	NA	NA	NA	NA	NA	NA	55.55	63.10	NA	NA	090
33684	A		Repair heart septum defect	29.65	NA	NA	21.43	31.91	4.91	NA	NA	NA	NA	NA	NA	NA	55.99	66.47	NA	NA	090
33688	A		Repair heart septum defect	30.62	NA	NA	25.61	33.82	4.91	NA	NA	NA	NA	NA	NA	NA	61.14	69.35	NA	NA	090
33690	A		Reinforce pulmonary artery	19.55	NA	NA	17.23	21.81	3.36	NA	NA	NA	NA	NA	NA	NA	40.14	44.72	NA	NA	090
33692	A		Repair of heart defects	30.75	NA	NA	23.67	33.45	5.83	NA	NA	NA	NA	NA	NA	NA	60.25	70.03	NA	NA	090
33694	A		Repair of heart defects	31.73	NA	NA	27.81	35.36	5.83	NA	NA	NA	NA	NA	NA	NA	65.37	72.92	NA	NA	090
33697	A		Repair of heart defects	33.71	NA	NA	26.78	36.88	5.83	NA	NA	NA	NA	NA	NA	NA	66.32	76.42	NA	NA	090
33702	A		Repair of heart defects	26.54	NA	NA	23.06	29.53	4.17	NA	NA	NA	NA	NA	NA	NA	53.77	60.24	NA	NA	090
33710	A		Repair of heart defects	29.71	NA	NA	24.92	32.83	4.91	NA	NA	NA	NA	NA	NA	NA	59.54	67.45	NA	NA	090
33720	A		Repair of heart defect	26.56	NA	NA	20.47	28.90	4.17	NA	NA	NA	NA	NA	NA	NA	51.20	59.63	NA	NA	090
33722	A		Repair of heart defect	28.41	NA	NA	21.37	30.15	4.17	NA	NA	NA	NA	NA	NA	NA	53.95	62.73	NA	NA	090
33730	A		Repair heart-vein defect(s)	31.67	NA	NA	23.84	34.32	5.83	NA	NA	NA	NA	NA	NA	NA	61.34	71.82	NA	NA	090
33732	A		Repair heart-vein defect	28.16	NA	NA	22.28	30.79	4.24	NA	NA	NA	NA	NA	NA	NA	54.68	63.19	NA	NA	090
33735	A		Revision of heart chamber	21.39	NA	NA	15.72	24.84	3.81	NA	NA	NA	NA	NA	NA	NA	40.92	50.04	NA	NA	090
33736	A		Revision of heart chamber	23.52	NA	NA	22.66	26.58	3.81	NA	NA	NA	NA	NA	NA	NA	49.99	53.91	NA	NA	090
33737	A		Revision of heart chamber	21.76	NA	NA	15.09	23.26	3.81	NA	NA	NA	NA	NA	NA	NA	40.66	48.83	NA	NA	090
33750	A		Major vessel shunt	21.41	NA	NA	18.33	22.57	3.36	NA	NA	NA	NA	NA	NA	NA	43.10	47.34	NA	NA	090
33755	A		Major vessel shunt	21.79	NA	NA	13.44	21.35	3.36	NA	NA	NA	NA	NA	NA	NA	38.59	46.50	NA	NA	090
33762	A		Major vessel shunt	21.79	NA	NA	16.99	22.23	3.36	NA	NA	NA	NA	NA	NA	NA	42.14	47.38	NA	NA	090
33764	A		Major vessel shunt & graft	21.79	NA	NA	14.40	21.59	3.36	NA	NA	NA	NA	NA	NA	NA	39.55	46.74	NA	NA	090
33766	A		Major vessel shunt	22.76	NA	NA	15.77	21.93	3.36	NA	NA	NA	NA	NA	NA	NA	41.89	48.05	NA	NA	090
33767	A		Major vessel shunt	24.50	NA	NA	22.55	26.55	3.81	NA	NA	NA	NA	NA	NA	NA	50.86	54.86	NA	NA	090
33770	A		Repair great vessels defect	33.29	NA	NA	22.23	35.36	5.83	NA	NA	NA	NA	NA	NA	NA	61.35	74.48	NA	NA	090
33771	A		Repair great vessels defect	34.65	NA	NA	28.32	38.11	5.83	NA	NA	NA	NA	NA	NA	NA	68.80	78.59	NA	NA	090
33774	A		Repair great vessels defect	30.98	NA	NA	30.25	33.02	4.24	NA	NA	NA	NA	NA	NA	NA	65.47	68.24	NA	NA	090

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitional Non-facility		Mal- practice RVUs	Transitional Facility		Transitional Non- facility		Facility		Transitioned Facility Total	Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs		practice RVUs	expense RVUs	Total	Non- facility Total				
333775	A		Repair great vessels defect	32.20	NA	NA	27.01	32.21	4.24	NA	NA	63.45	68.65	090			
333776	A		Repair great vessels defect	34.04	NA	NA	28.13	35.46	4.91	NA	NA	67.08	74.41	090			
333777	A		Repair great vessels defect	33.46	NA	NA	27.91	32.43	4.24	NA	NA	65.61	70.13	090			
333778	A		Repair great vessels defect	35.82	NA	NA	29.64	39.48	5.77	NA	NA	71.23	81.07	090			
333779	A		Repair great vessels defect	36.21	NA	NA	35.24	41.23	5.77	NA	NA	77.22	83.21	090			
333780	A		Repair great vessels defect	36.94	NA	NA	29.28	40.39	5.77	NA	NA	71.99	83.10	090			
333781	A		Repair great vessels defect	36.45	NA	NA	29.95	40.13	5.77	NA	NA	72.17	82.35	090			
333786	A		Repair arterial trunk	34.84	NA	NA	28.46	38.31	5.83	NA	NA	69.13	78.98	090			
333788	A		Revision of pulmonary artery	26.62	NA	NA	22.31	29.41	4.07	NA	NA	53.00	60.10	090			
333800	A		Aortic suspension	16.24	NA	NA	13.00	14.76	1.96	NA	NA	31.20	32.96	090			
333802	A		Repair vessel defect	17.66	NA	NA	13.19	19.12	3.36	NA	NA	34.21	40.14	090			
333803	A		Repair vessel defect	19.60	NA	NA	13.25	20.86	3.36	NA	NA	36.21	43.82	090			
333813	A		Repair septal defect	20.65	NA	NA	14.59	21.63	3.36	NA	NA	38.60	45.64	090			
333814	A		Repair septal defect	25.77	NA	NA	21.63	28.49	4.17	NA	NA	51.57	58.43	090			
333820	A		Revise major vessel	16.29	NA	NA	11.28	17.41	3.36	NA	NA	30.93	37.06	090			
333822	A		Revise major vessel	17.32	NA	NA	12.13	18.54	3.36	NA	NA	32.81	39.22	090			
333824	A		Revise major vessel	19.52	NA	NA	16.92	21.71	3.36	NA	NA	39.80	44.59	090			
333840	A		Remove aorta constriction	20.63	NA	NA	15.23	22.27	4.37	NA	NA	40.23	47.27	090			
333845	A		Remove aorta constriction	22.12	NA	NA	15.28	23.62	4.37	NA	NA	41.77	50.11	090			
333851	A		Remove aorta constriction	21.27	NA	NA	14.96	22.79	4.37	NA	NA	40.60	48.43	090			
333852	A		Repair septal defect	23.71	NA	NA	20.38	26.32	4.37	NA	NA	48.46	54.40	090			
333853	A		Repair septal defect	31.72	NA	NA	27.83	35.35	5.83	NA	NA	65.38	72.90	090			
333860	A		Ascending aorta graft	33.96	NA	NA	27.94	35.24	4.83	NA	NA	66.73	74.03	090			
333861	A		Ascending aorta graft	34.52	NA	NA	28.87	35.47	4.83	NA	NA	68.22	74.82	090			
333863	A		Ascending aorta graft	36.47	NA	NA	30.38	35.85	4.83	NA	NA	71.68	77.15	090			
333870	A		Transverse aortic arch graft	40.31	NA	NA	31.36	43.90	6.29	NA	NA	77.96	90.50	090			
333875	A		Thoracic aorta graft	33.06	NA	NA	26.84	32.14	4.37	NA	NA	64.27	69.57	090			
333877	A		Thoracoabdominal graft	42.60	NA	NA	36.40	45.00	6.56	NA	NA	85.56	94.16	090			
333910	A		Remove lung artery emboli	24.59	NA	NA	22.35	17.51	2.17	NA	NA	49.11	44.27	090			
33915	A		Remove lung artery emboli	21.02	NA	NA	16.68	13.95	1.74	NA	NA	39.44	36.71	090			
33916	A		Surgery of great vessel	25.83	NA	NA	24.27	20.37	2.68	NA	NA	52.78	48.88	090			
33917	A		Repair pulmonary artery	24.50	NA	NA	19.60	26.84	4.93	NA	NA	49.03	56.27	090			
33918	A		Repair pulmonary atresia	26.45	NA	NA	18.89	28.41	4.07	NA	NA	49.41	58.93	090			
33919	A		Repair pulmonary atresia	32.67	NA	NA	31.29	37.07	5.83	NA	NA	69.79	75.57	090			
33920	A		Repair pulmonary atresia	31.95	NA	NA	27.31	35.44	5.83	NA	NA	65.09	73.22	090			
33922	A		Transect pulmonary artery	23.52	NA	NA	22.35	26.65	2.21	NA	NA	48.08	52.38	090			
33924	A		Remove pulmonary shunt	5.50	NA	NA	2.57	3.90	0.61	NA	NA	8.68	10.01	ZZZ			
33930	X		Removal of donor heart/lung	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33935	R		Transplantation, heart/lung	60.96	NA	NA	33.35	62.92	10.59	NA	NA	104.90	134.47	090			
33940	X		Removal of donor heart	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitional Non-facility		Transitional Facility		Mal-practice RVUs		Non-facility		Transitional Non-facility		Transitional Facility		Global
					practice expense RVUs	NA	practice expense RVUs	NA	practice expense RVUs	NA	RVUs	NA	practice expense RVUs	NA	practice expense RVUs	NA	practice expense RVUs	NA	
33945	R		Transplantation of heart	42.10	NA	NA	24.41	43.80	8.64	75.15	94.54	090	NA	NA	NA	NA	75.15	94.54	090
33960	A		External circulation assist	19.36	NA	NA	10.08	8.23	0.74	30.18	28.33	XXX	NA	NA	NA	NA	30.18	28.33	XXX
33961	A		External circulation assist	10.93	NA	NA	9.50	8.08	0.74	21.17	19.75	ZZZ	NA	NA	NA	NA	21.17	19.75	ZZZ
33970	A		Aortic circulation assist	6.75	NA	NA	6.63	7.70	0.78	14.16	15.23	000	NA	NA	NA	NA	14.16	15.23	000
33971	A		Aortic circulation assist	9.69	NA	NA	9.96	6.69	0.71	20.36	17.09	090	NA	NA	NA	NA	20.36	17.09	090
33973	A		Insert balloon device	9.76	NA	NA	4.53	7.27	0.78	15.07	17.81	000	NA	NA	NA	NA	15.07	17.81	000
33974	A		Remove intra-aortic balloon	14.41	NA	NA	13.40	7.87	0.71	28.52	22.99	090	NA	NA	NA	NA	28.52	22.99	090
33975	A		Implant ventricular device	21.60	NA	NA	31.35	19.39	2.17	55.12	43.16	010	NA	NA	NA	NA	55.12	43.16	010
33976	A		Implant ventricular device	29.10	NA	NA	33.03	23.99	2.96	65.09	56.05	010	NA	NA	NA	NA	65.09	56.05	010
33977	A		Remove ventricular device	19.29	NA	NA	16.97	14.35	1.90	38.16	35.54	090	NA	NA	NA	NA	38.16	35.54	090
33978	A		Remove ventricular device	21.73	NA	NA	17.27	15.87	2.17	41.17	39.77	090	NA	NA	NA	NA	41.17	39.77	090
33999	C		Cardiac surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	0.00	0.00	0.00	0.00	0.00	0.00	YYY
34001	A		Removal of artery clot	12.91	NA	NA	6.77	9.49	1.46	21.14	23.86	090	NA	NA	NA	NA	21.14	23.86	090
34051	A		Removal of artery clot	15.21	NA	NA	8.48	9.29	1.24	24.93	25.74	090	NA	NA	NA	NA	24.93	25.74	090
34101	A		Removal of artery clot	9.97	NA	NA	5.17	8.08	1.34	16.48	19.39	090	NA	NA	NA	NA	16.48	19.39	090
34111	A		Removal of arm artery clot	8.07	NA	NA	4.35	7.27	1.24	13.66	16.58	090	NA	NA	NA	NA	13.66	16.58	090
34151	A		Removal of arm artery clot	16.86	NA	NA	9.10	12.01	1.87	27.83	30.74	090	NA	NA	NA	NA	27.83	30.74	090
34201	A		Removal of artery clot	9.13	NA	NA	5.24	8.56	1.39	15.76	19.08	090	NA	NA	NA	NA	15.76	19.08	090
34203	A		Removal of leg artery clot	12.21	NA	NA	6.69	8.70	1.35	20.25	22.26	090	NA	NA	NA	NA	20.25	22.26	090
34401	A		Removal of vein clot	12.86	NA	NA	7.28	8.39	1.09	21.23	22.34	090	NA	NA	NA	NA	21.23	22.34	090
34421	A		Removal of vein clot	9.93	NA	NA	5.72	7.50	1.18	16.83	18.61	090	NA	NA	NA	NA	16.83	18.61	090
34451	A		Removal of vein clot	14.44	NA	NA	7.71	10.63	1.67	23.82	26.74	090	NA	NA	NA	NA	23.82	26.74	090
34471	A		Removal of vein clot	10.18	NA	NA	5.76	4.30	0.43	16.37	14.91	090	NA	NA	NA	NA	16.37	14.91	090
34490	A		Removal of vein clot	7.60	NA	NA	4.53	7.05	1.20	13.33	15.85	090	NA	NA	NA	NA	13.33	15.85	090
34501	A		Repair valve, femoral vein	10.93	NA	NA	7.08	7.76	0.67	18.68	19.36	090	NA	NA	NA	NA	18.68	19.36	090
34502	A		Reconstruct, vena cava	26.95	NA	NA	13.40	18.53	2.85	43.20	48.33	090	NA	NA	NA	NA	43.20	48.33	090
34510	A		Transposition of vein valve	13.25	NA	NA	8.19	9.29	0.81	22.25	23.35	090	NA	NA	NA	NA	22.25	23.35	090
34520	A		Cross-over vein graft	13.74	NA	NA	8.50	9.72	0.85	23.09	24.31	090	NA	NA	NA	NA	23.09	24.31	090
34530	A		Leg vein fusion	17.61	NA	NA	9.15	12.34	1.13	27.89	31.08	090	NA	NA	NA	NA	27.89	31.08	090
35001	A		Repair defect of artery	19.64	NA	NA	9.73	15.38	2.49	31.86	37.51	090	NA	NA	NA	NA	31.86	37.51	090
35002	A		Repair artery rupture, neck	21.00	NA	NA	10.41	12.89	1.89	33.30	35.78	090	NA	NA	NA	NA	33.30	35.78	090
35005	A		Repair defect of artery	18.12	NA	NA	8.47	10.49	1.71	28.30	30.32	090	NA	NA	NA	NA	28.30	30.32	090
35011	A		Repair defect of artery	11.65	NA	NA	6.02	11.94	2.16	19.83	25.75	090	NA	NA	NA	NA	19.83	25.75	090
35013	A		Repair artery rupture, arm	17.40	NA	NA	8.32	14.04	2.37	28.09	33.81	090	NA	NA	NA	NA	28.09	33.81	090
35021	A		Repair defect of artery	19.65	NA	NA	10.92	17.49	2.39	32.96	39.53	090	NA	NA	NA	NA	32.96	39.53	090
35022	A		Repair artery rupture, chest	23.18	NA	NA	12.71	15.21	2.19	38.08	40.58	090	NA	NA	NA	NA	38.08	40.58	090
35045	A		Repair defect of arm artery	11.26	NA	NA	6.20	11.60	1.96	19.42	24.82	090	NA	NA	NA	NA	19.42	24.82	090
35081	A		Repair defect of artery	28.01	NA	NA	13.75	20.90	3.27	45.03	52.18	090	NA	NA	NA	NA	45.03	52.18	090
35082	A		Repair artery rupture, aorta	36.35	NA	NA	16.88	22.87	3.59	56.82	62.81	090	NA	NA	NA	NA	56.82	62.81	090
35091	A		Repair defect of artery	35.40	NA	NA	17.11	22.73	3.32	55.83	61.45	090	NA	NA	NA	NA	55.83	61.45	090

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitioned		Facility		Mal-practice		Non-facility		Transitioned		Facility		Transitioned Facility Total	Global
					practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs						
35092	A		Repair artery rupture, aorta	38.39	NA	NA	NA	18.58	26.03	4.08	NA	NA	NA	NA	NA	61.05	68.50	090		
35102	A		Repair defect of artery	30.76	NA	NA	NA	14.96	21.77	3.38	NA	NA	NA	NA	NA	49.10	55.91	090		
35103	A		Repair artery rupture, groin	33.57	NA	NA	NA	16.07	25.31	4.08	NA	NA	NA	NA	NA	53.72	62.96	090		
35111	A		Repair defect of artery	16.43	NA	NA	NA	9.10	16.60	2.89	NA	NA	NA	NA	NA	28.42	35.92	090		
35112	A		Repair artery rupture,spleen	18.69	NA	NA	NA	9.87	10.97	1.74	NA	NA	NA	NA	NA	30.30	31.40	090		
35121	A		Repair defect of artery	25.99	NA	NA	NA	12.98	18.81	2.86	NA	NA	NA	NA	NA	41.83	47.66	090		
35122	A		Repair artery rupture, belly	33.45	NA	NA	NA	15.62	18.49	3.10	NA	NA	NA	NA	NA	52.17	55.04	090		
35131	A		Repair defect of artery	18.55	NA	NA	NA	10.21	15.48	2.46	NA	NA	NA	NA	NA	31.22	36.49	090		
35132	A		Repair artery rupture, groin	21.95	NA	NA	NA	11.52	18.08	2.80	NA	NA	NA	NA	NA	36.27	42.83	090		
35141	A		Repair defect of artery	14.46	NA	NA	NA	8.03	13.97	2.25	NA	NA	NA	NA	NA	24.74	30.68	090		
35142	A		Repair artery rupture, thigh	15.86	NA	NA	NA	8.41	15.21	2.53	NA	NA	NA	NA	NA	26.80	33.60	090		
35151	A		Repair defect of artery	17.00	NA	NA	NA	9.61	14.91	2.30	NA	NA	NA	NA	NA	28.91	34.21	090		
35152	A		Repair artery rupture, knee	16.70	NA	NA	NA	9.89	10.02	1.53	NA	NA	NA	NA	NA	28.12	28.25	090		
35161	A		Repair defect of artery	18.76	NA	NA	NA	10.46	15.54	2.46	NA	NA	NA	NA	NA	31.68	36.76	090		
35162	A		Repair artery rupture	19.78	NA	NA	NA	10.77	17.90	2.80	NA	NA	NA	NA	NA	33.35	40.48	090		
35180	A		Repair blood vessel lesion	13.62	NA	NA	NA	7.33	7.83	1.16	NA	NA	NA	NA	NA	22.11	22.61	090		
35182	A		Repair blood vessel lesion	17.74	NA	NA	NA	9.79	11.12	1.26	NA	NA	NA	NA	NA	28.79	30.12	090		
35184	A		Repair blood vessel lesion	12.25	NA	NA	NA	6.95	9.66	1.53	NA	NA	NA	NA	NA	20.73	23.44	090		
35188	A		Repair blood vessel lesion	14.28	NA	NA	NA	8.22	8.66	1.24	NA	NA	NA	NA	NA	23.74	24.18	090		
35189	A		Repair blood vessel lesion	18.43	NA	NA	NA	9.79	11.67	1.73	NA	NA	NA	NA	NA	29.95	31.83	090		
35190	A		Repair blood vessel lesion	12.75	NA	NA	NA	7.19	10.21	1.67	NA	NA	NA	NA	NA	21.61	24.63	090		
35201	A		Repair blood vessel lesion	9.99	NA	NA	NA	5.64	9.61	1.52	NA	NA	NA	NA	NA	17.15	21.12	090		
35206	A		Repair blood vessel lesion	9.25	NA	NA	NA	5.77	9.71	1.59	NA	NA	NA	NA	NA	16.61	20.55	090		
35207	A		Repair blood vessel lesion	10.15	NA	NA	NA	8.88	11.01	1.51	NA	NA	NA	NA	NA	20.54	22.67	090		
35211	A		Repair blood vessel lesion	22.12	NA	NA	NA	20.99	16.14	2.03	NA	NA	NA	NA	NA	45.14	40.29	090		
35216	A		Repair blood vessel lesion	18.75	NA	NA	NA	19.38	13.54	1.63	NA	NA	NA	NA	NA	39.76	33.92	090		
35221	A		Repair blood vessel lesion	16.42	NA	NA	NA	8.70	11.21	1.72	NA	NA	NA	NA	NA	26.84	29.35	090		
35226	A		Repair blood vessel lesion	9.06	NA	NA	NA	6.36	9.71	1.53	NA	NA	NA	NA	NA	16.95	20.30	090		
35231	A		Repair blood vessel lesion	12.00	NA	NA	NA	7.01	12.50	2.28	NA	NA	NA	NA	NA	21.29	26.78	090		
35236	A		Repair blood vessel lesion	10.54	NA	NA	NA	6.44	11.05	2.00	NA	NA	NA	NA	NA	18.98	23.59	090		
35241	A		Repair blood vessel lesion	23.12	NA	NA	NA	27.25	17.79	2.03	NA	NA	NA	NA	NA	52.40	42.94	090		
35246	A		Repair blood vessel lesion	19.84	NA	NA	NA	20.74	18.99	1.68	NA	NA	NA	NA	NA	42.26	40.51	090		
35251	A		Repair blood vessel lesion	17.49	NA	NA	NA	9.22	10.11	1.47	NA	NA	NA	NA	NA	28.18	29.07	090		
35256	A		Repair blood vessel lesion	11.38	NA	NA	NA	6.95	11.83	1.87	NA	NA	NA	NA	NA	20.20	25.08	090		
35261	A		Repair blood vessel lesion	11.63	NA	NA	NA	6.31	11.99	2.08	NA	NA	NA	NA	NA	20.02	25.70	090		
35266	A		Repair blood vessel lesion	10.30	NA	NA	NA	6.03	10.73	1.89	NA	NA	NA	NA	NA	18.22	22.92	090		
35271	A		Repair blood vessel lesion	22.12	NA	NA	NA	21.83	15.66	2.00	NA	NA	NA	NA	NA	45.95	39.78	090		
35276	A		Repair blood vessel lesion	18.75	NA	NA	NA	19.53	13.72	1.77	NA	NA	NA	NA	NA	40.05	34.24	090		
35281	A		Repair blood vessel lesion	16.48	NA	NA	NA	9.03	16.32	2.64	NA	NA	NA	NA	NA	28.15	35.44	090		
35286	A		Repair blood vessel lesion	11.87	NA	NA	NA	7.21	11.34	1.82	NA	NA	NA	NA	NA	20.90	25.03	090		

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitioned		Facility		Mal-practice		Non-facility		Transitioned		Facility		Transitioned		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	
35301	A		Rechanneling of artery	18.70	NA	NA	9.79	14.22	2.20	2.20	NA	NA	NA	NA	NA	NA	30.69	35.12	090	090	
35311	A		Rechanneling of artery	23.85	NA	NA	12.20	21.01	3.61	3.61	NA	NA	NA	NA	NA	NA	39.66	48.47	090	090	
35321	A		Rechanneling of artery	11.97	NA	NA	5.90	12.02	2.10	2.10	NA	NA	NA	NA	NA	NA	19.97	26.09	090	090	
35331	A		Rechanneling of artery	23.52	NA	NA	12.03	13.87	2.08	2.08	NA	NA	NA	NA	NA	NA	37.63	39.47	090	090	
35341	A		Rechanneling of artery	25.11	NA	NA	13.11	17.42	2.76	2.76	NA	NA	NA	NA	NA	NA	40.98	45.29	090	090	
35351	A		Rechanneling of artery	20.11	NA	NA	10.75	14.85	2.32	2.32	NA	NA	NA	NA	NA	NA	33.18	37.28	090	090	
35355	A		Rechanneling of artery	16.09	NA	NA	9.15	14.84	2.34	2.34	NA	NA	NA	NA	NA	NA	27.58	33.27	090	090	
35361	A		Rechanneling of artery	23.59	NA	NA	11.93	18.75	3.04	3.04	NA	NA	NA	NA	NA	NA	38.56	45.38	090	090	
35363	A		Rechanneling of artery	24.66	NA	NA	12.62	21.69	3.44	3.44	NA	NA	NA	NA	NA	NA	40.72	49.79	090	090	
35371	A		Rechanneling of artery	11.64	NA	NA	6.67	11.85	1.96	1.96	NA	NA	NA	NA	NA	NA	20.27	25.45	090	090	
35372	A		Rechanneling of artery	13.56	NA	NA	7.25	10.93	1.78	1.78	NA	NA	NA	NA	NA	NA	22.59	26.27	090	090	
35381	A		Rechanneling of artery	15.81	NA	NA	8.11	13.16	2.12	2.12	NA	NA	NA	NA	NA	NA	26.04	31.09	090	090	
35390	A		Reoperation, carotid add-on	3.19	NA	NA	1.45	1.72	0.31	0.31	NA	NA	NA	NA	NA	NA	4.95	5.22	ZZZ	ZZZ	
35400	A		Angioscopy	3.00	NA	NA	1.42	2.20	0.21	0.21	NA	NA	NA	NA	NA	NA	4.63	5.41	ZZZ	ZZZ	
35450	A		Repair arterial blockage	10.07	NA	NA	5.31	10.34	1.08	1.08	NA	NA	NA	NA	NA	NA	16.46	21.49	000	000	
35452	A		Repair arterial blockage	6.91	NA	NA	3.94	4.53	0.48	0.48	NA	NA	NA	NA	NA	NA	11.33	11.92	000	000	
35454	A		Repair arterial blockage	6.04	NA	NA	3.36	6.25	1.20	1.20	NA	NA	NA	NA	NA	NA	10.60	13.49	000	000	
35456	A		Repair arterial blockage	7.35	NA	NA	3.96	7.58	1.32	1.32	NA	NA	NA	NA	NA	NA	12.63	16.25	000	000	
35458	A		Repair arterial blockage	9.49	NA	NA	4.80	9.44	1.43	1.43	NA	NA	NA	NA	NA	NA	15.72	20.36	000	000	
35459	A		Repair arterial blockage	8.63	NA	NA	4.42	8.83	1.32	1.32	NA	NA	NA	NA	NA	NA	14.37	18.78	000	000	
35460	A		Repair venous blockage	6.04	NA	NA	3.12	3.35	0.58	0.58	NA	NA	NA	NA	NA	NA	9.74	9.97	000	000	
35470	A		Repair arterial blockage	8.63	NA	NA	4.82	8.93	1.32	1.32	NA	NA	NA	NA	NA	NA	14.77	18.88	000	000	
35471	A		Repair arterial blockage	10.07	NA	NA	5.45	10.38	1.08	1.08	NA	NA	NA	NA	NA	NA	16.60	21.53	000	000	
35472	A		Repair arterial blockage	6.91	NA	NA	4.12	3.97	0.66	0.66	NA	NA	NA	NA	NA	NA	11.69	11.54	000	000	
35473	A		Repair arterial blockage	6.04	NA	NA	3.72	6.34	1.20	1.20	NA	NA	NA	NA	NA	NA	10.96	13.58	000	000	
35474	A		Repair arterial blockage	7.36	NA	NA	4.09	7.62	1.32	1.32	NA	NA	NA	NA	NA	NA	12.77	16.30	000	000	
35475	R		Repair arterial blockage	9.49	NA	NA	4.79	9.44	1.43	1.43	NA	NA	NA	NA	NA	NA	15.71	20.36	000	000	
35476	A		Repair venous blockage	6.04	NA	NA	3.54	3.46	0.58	0.58	NA	NA	NA	NA	NA	NA	10.16	10.08	000	000	
35480	A		Atherectomy, open	11.08	NA	NA	5.63	11.33	1.08	1.08	NA	NA	NA	NA	NA	NA	17.79	23.49	000	000	
35481	A		Atherectomy, open	7.61	NA	NA	4.01	4.54	0.48	0.48	NA	NA	NA	NA	NA	NA	12.10	12.63	000	000	
35482	A		Atherectomy, open	6.65	NA	NA	3.67	6.87	1.20	1.20	NA	NA	NA	NA	NA	NA	11.52	14.72	000	000	
35483	A		Atherectomy, open	8.10	NA	NA	4.38	8.35	1.32	1.32	NA	NA	NA	NA	NA	NA	13.80	17.77	000	000	
35484	A		Atherectomy, open	10.44	NA	NA	4.94	9.48	1.43	1.43	NA	NA	NA	NA	NA	NA	16.81	21.35	000	000	
35485	A		Atherectomy, open	9.49	NA	NA	4.93	4.92	0.83	0.83	NA	NA	NA	NA	NA	NA	15.25	15.24	000	000	
35490	A		Atherectomy, percutaneous	11.08	NA	NA	5.92	11.40	1.08	1.08	NA	NA	NA	NA	NA	NA	18.08	23.56	000	000	
35491	A		Atherectomy, percutaneous	7.61	NA	NA	3.81	4.49	0.48	0.48	NA	NA	NA	NA	NA	NA	11.90	12.58	000	000	
35492	A		Atherectomy, percutaneous	6.65	NA	NA	4.09	6.98	1.20	1.20	NA	NA	NA	NA	NA	NA	11.94	14.83	000	000	
35493	A		Atherectomy, percutaneous	8.10	NA	NA	4.98	8.50	1.32	1.32	NA	NA	NA	NA	NA	NA	14.40	17.92	000	000	
35494	A		Atherectomy, percutaneous	10.44	NA	NA	4.98	9.49	1.43	1.43	NA	NA	NA	NA	NA	NA	16.85	21.36	000	000	
35495	A		Atherectomy, percutaneous	9.49	NA	NA	5.65	5.10	0.83	0.83	NA	NA	NA	NA	NA	NA	15.97	15.42	000	000	

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CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitional		Facility		Mal- practice		Non- facility		Transitional		Facility		Transitional		Facility		Global	
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	Total	Total
35500	C		Harvest vein for bypass	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
35501	A		Artery bypass graft	19.19	NA	NA	9.34	18.09	2.73	NA	NA	NA	NA	NA	NA	NA	31.26	40.01	NA	NA	31.26	40.01	0.00	0.00
35506	A		Artery bypass graft	19.67	NA	NA	9.66	18.02	2.85	NA	NA	NA	NA	NA	NA	NA	32.18	40.54	NA	NA	32.18	40.54	0.00	0.00
35507	A		Artery bypass graft	19.67	NA	NA	9.94	17.07	2.82	NA	NA	NA	NA	NA	NA	NA	32.43	39.56	NA	NA	32.43	39.56	0.00	0.00
35508	A		Artery bypass graft	18.65	NA	NA	9.64	17.15	2.68	NA	NA	NA	NA	NA	NA	NA	30.97	38.48	NA	NA	30.97	38.48	0.00	0.00
35509	A		Artery bypass graft	18.07	NA	NA	9.06	17.65	3.07	NA	NA	NA	NA	NA	NA	NA	30.20	38.79	NA	NA	30.20	38.79	0.00	0.00
35511	A		Artery bypass graft	16.83	NA	NA	8.83	10.68	1.50	NA	NA	NA	NA	NA	NA	NA	27.16	29.01	NA	NA	27.16	29.01	0.00	0.00
35515	A		Artery bypass graft	18.65	NA	NA	10.09	11.68	1.57	NA	NA	NA	NA	NA	NA	NA	30.31	31.90	NA	NA	30.31	31.90	0.00	0.00
35516	A		Artery bypass graft	16.32	NA	NA	8.23	16.20	2.77	NA	NA	NA	NA	NA	NA	NA	27.32	35.29	NA	NA	27.32	35.29	0.00	0.00
35518	A		Artery bypass graft	15.42	NA	NA	7.41	15.66	2.64	NA	NA	NA	NA	NA	NA	NA	25.47	33.72	NA	NA	25.47	33.72	0.00	0.00
35521	A		Artery bypass graft	16.17	NA	NA	8.77	16.46	2.61	NA	NA	NA	NA	NA	NA	NA	27.55	35.24	NA	NA	27.55	35.24	0.00	0.00
35526	A		Artery bypass graft	20.00	NA	NA	10.74	13.22	1.91	NA	NA	NA	NA	NA	NA	NA	32.65	35.13	NA	NA	32.65	35.13	0.00	0.00
35531	A		Artery bypass graft	25.61	NA	NA	12.63	19.64	3.05	NA	NA	NA	NA	NA	NA	NA	41.29	48.30	NA	NA	41.29	48.30	0.00	0.00
35533	A		Artery bypass graft	20.52	NA	NA	10.50	19.75	3.47	NA	NA	NA	NA	NA	NA	NA	34.49	43.74	NA	NA	34.49	43.74	0.00	0.00
35536	A		Artery bypass graft	23.11	NA	NA	11.73	20.33	3.26	NA	NA	NA	NA	NA	NA	NA	38.10	46.70	NA	NA	38.10	46.70	0.00	0.00
35541	A		Artery bypass graft	25.80	NA	NA	13.63	19.32	2.86	NA	NA	NA	NA	NA	NA	NA	42.29	47.98	NA	NA	42.29	47.98	0.00	0.00
35546	A		Artery bypass graft	25.54	NA	NA	13.18	20.70	3.33	NA	NA	NA	NA	NA	NA	NA	42.05	49.57	NA	NA	42.05	49.57	0.00	0.00
35548	A		Artery bypass graft	21.57	NA	NA	10.79	18.61	2.86	NA	NA	NA	NA	NA	NA	NA	35.22	43.04	NA	NA	35.22	43.04	0.00	0.00
35549	A		Artery bypass graft	23.35	NA	NA	12.14	20.44	3.33	NA	NA	NA	NA	NA	NA	NA	38.82	47.12	NA	NA	38.82	47.12	0.00	0.00
35551	A		Artery bypass graft	26.67	NA	NA	13.89	19.14	3.03	NA	NA	NA	NA	NA	NA	NA	43.59	48.84	NA	NA	43.59	48.84	0.00	0.00
35556	A		Artery bypass graft	21.76	NA	NA	11.09	18.01	2.90	NA	NA	NA	NA	NA	NA	NA	35.75	42.67	NA	NA	35.75	42.67	0.00	0.00
35558	A		Artery bypass graft	14.04	NA	NA	7.56	14.46	2.53	NA	NA	NA	NA	NA	NA	NA	24.13	31.03	NA	NA	24.13	31.03	0.00	0.00
35560	A		Artery bypass graft	23.56	NA	NA	12.13	19.49	3.07	NA	NA	NA	NA	NA	NA	NA	38.76	46.12	NA	NA	38.76	46.12	0.00	0.00
35563	A		Artery bypass graft	15.14	NA	NA	8.23	8.83	1.33	NA	NA	NA	NA	NA	NA	NA	24.70	25.30	NA	NA	24.70	25.30	0.00	0.00
35565	A		Artery bypass graft	15.14	NA	NA	8.40	15.65	2.75	NA	NA	NA	NA	NA	NA	NA	26.29	33.54	NA	NA	26.29	33.54	0.00	0.00
35566	A		Artery bypass graft	26.92	NA	NA	15.28	20.61	3.19	NA	NA	NA	NA	NA	NA	NA	45.39	50.72	NA	NA	45.39	50.72	0.00	0.00
35571	A		Artery bypass graft	18.58	NA	NA	11.24	18.57	3.03	NA	NA	NA	NA	NA	NA	NA	32.85	40.18	NA	NA	32.85	40.18	0.00	0.00
35582	A		Vein bypass graft	27.13	NA	NA	13.49	22.69	3.83	NA	NA	NA	NA	NA	NA	NA	44.45	53.65	NA	NA	44.45	53.65	0.00	0.00
35583	A		Vein bypass graft	22.37	NA	NA	12.08	19.66	3.23	NA	NA	NA	NA	NA	NA	NA	37.68	45.26	NA	NA	37.68	45.26	0.00	0.00
35585	A		Vein bypass graft	28.39	NA	NA	15.09	22.46	3.62	NA	NA	NA	NA	NA	NA	NA	47.10	54.47	NA	NA	47.10	54.47	0.00	0.00
35587	A		Vein bypass graft	19.05	NA	NA	11.72	19.99	3.23	NA	NA	NA	NA	NA	NA	NA	34.00	42.27	NA	NA	34.00	42.27	0.00	0.00
35601	A		Artery bypass graft	17.50	NA	NA	8.64	17.49	2.61	NA	NA	NA	NA	NA	NA	NA	28.75	37.60	NA	NA	28.75	37.60	0.00	0.00
35606	A		Artery bypass graft	18.71	NA	NA	9.17	16.58	2.75	NA	NA	NA	NA	NA	NA	NA	30.63	38.04	NA	NA	30.63	38.04	0.00	0.00
35612	A		Artery bypass graft	15.76	NA	NA	8.44	15.75	2.58	NA	NA	NA	NA	NA	NA	NA	26.78	34.09	NA	NA	26.78	34.09	0.00	0.00
35616	A		Artery bypass graft	15.70	NA	NA	7.84	15.63	2.68	NA	NA	NA	NA	NA	NA	NA	26.22	34.01	NA	NA	26.22	34.01	0.00	0.00
35621	A		Artery bypass graft	14.54	NA	NA	7.80	14.96	2.97	NA	NA	NA	NA	NA	NA	NA	25.31	32.47	NA	NA	25.31	32.47	0.00	0.00
35623	A		Bypass graft, not vein	16.62	NA	NA	8.82	8.77	1.47	NA	NA	NA	NA	NA	NA	NA	26.91	26.86	NA	NA	26.91	26.86	0.00	0.00
35626	A		Artery bypass graft	23.63	NA	NA	12.53	19.83	3.19	NA	NA	NA	NA	NA	NA	NA	39.35	46.65	NA	NA	39.35	46.65	0.00	0.00
35631	A		Artery bypass graft	24.60	NA	NA	12.57	17.69	2.79	NA	NA	NA	NA	NA	NA	NA	39.96	45.08	NA	NA	39.96	45.08	0.00	0.00
35636	A		Artery bypass graft	22.46	NA	NA	11.61	13.89	1.92	NA	NA	NA	NA	NA	NA	NA	35.99	38.27	NA	NA	35.99	38.27	0.00	0.00

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	physician work <sup>3</sup> RVUs	practice expense		practice expense		practice expense		non- facility		non- facility		transitional facility		Global
					RVUs	RVUs	RVUs	RVUs	Total	Total	Total	Total					
35641	A		Artery bypass graft	24.57	NA	NA	12.74	19.92	3.19	NA	NA	40.50	47.68	090			
35642	A		Artery bypass graft	17.98	NA	NA	9.17	10.70	1.72	NA	NA	28.87	30.40	090			
35645	A		Artery bypass graft	17.47	NA	NA	8.22	11.13	1.60	NA	NA	27.29	30.20	090			
35646	A		Artery bypass graft	25.81	NA	NA	13.23	22.67	3.70	NA	NA	42.74	52.18	090			
35650	A		Artery bypass graft	14.36	NA	NA	7.40	14.71	2.79	NA	NA	24.55	31.86	090			
35651	A		Artery bypass graft	25.04	NA	NA	13.43	22.96	3.67	NA	NA	42.14	51.67	090			
35654	A		Artery bypass graft	18.61	NA	NA	9.77	19.11	3.46	NA	NA	31.84	41.18	090			
35656	A		Artery bypass graft	19.53	NA	NA	9.56	16.82	2.82	NA	NA	31.91	39.17	090			
35661	A		Artery bypass graft	13.18	NA	NA	6.97	13.55	2.58	NA	NA	22.73	29.31	090			
35663	A		Artery bypass graft	14.17	NA	NA	8.13	14.72	2.97	NA	NA	25.27	31.86	090			
35665	A		Artery bypass graft	15.40	NA	NA	8.67	15.95	2.79	NA	NA	26.86	34.14	090			
35666	A		Artery bypass graft	19.19	NA	NA	11.88	19.30	3.13	NA	NA	34.20	41.62	090			
35671	A		Artery bypass graft	14.80	NA	NA	9.70	15.12	3.19	NA	NA	27.69	33.11	090			
35681	A		Composite bypass graft	1.60	NA	NA	2.05	7.73	2.75	NA	NA	6.40	12.08	ZZZ			
35682	A		Composite bypass graft	7.20	2.81	2.81	2.74	2.74	2.75	12.76	12.69	12.69	12.69	ZZZ			
35683	A		Composite bypass graft	8.50	3.32	3.32	3.22	3.22	2.75	14.57	14.57	14.47	14.47	ZZZ			
35691	A		Arterial transposition	18.05	NA	NA	8.79	18.17	2.98	NA	NA	29.82	39.20	090			
35693	A		Arterial transposition	15.36	NA	NA	7.47	9.52	1.49	NA	NA	24.32	26.37	090			
35694	A		Arterial transposition	19.16	NA	NA	9.12	9.88	1.70	NA	NA	29.98	30.74	090			
35695	A		Arterial transposition	19.16	NA	NA	9.04	9.86	1.70	NA	NA	29.90	30.72	090			
35700	A		Reoperation, bypass graft	3.08	NA	NA	2.78	2.01	0.30	NA	NA	6.16	5.39	ZZZ			
35701	A		Exploration, carotid artery	5.55	NA	NA	4.13	5.77	0.98	NA	NA	10.66	12.30	090			
35721	A		Exploration, femoral artery	5.28	NA	NA	3.78	5.47	0.87	NA	NA	9.93	11.62	090			
35741	A		Exploration popliteal artery	5.37	NA	NA	3.96	5.66	0.90	NA	NA	10.23	11.93	090			
35761	A		Exploration of artery/vein	5.37	NA	NA	3.99	5.73	0.89	NA	NA	10.25	11.99	090			
35800	A		Explore neck vessels	7.02	NA	NA	4.24	5.36	0.76	NA	NA	12.02	13.14	090			
35820	A		Explore chest vessels	12.88	NA	NA	9.83	8.91	1.12	NA	NA	23.83	22.91	090			
35840	A		Explore abdominal vessels	9.77	NA	NA	6.39	7.49	1.13	NA	NA	17.29	18.39	090			
35860	A		Explore limb vessels	5.55	NA	NA	3.88	5.70	0.90	NA	NA	10.33	12.15	090			
35870	A		Repair vessel graft defect	22.17	NA	NA	12.48	11.78	1.93	NA	NA	36.58	35.88	090			
35875	A		Removal of clot in graft	10.13	NA	NA	5.87	8.15	1.29	NA	NA	17.29	19.57	090			
35876	A		Removal of clot in graft	17.00	NA	NA	8.90	8.91	1.29	NA	NA	27.19	27.20	090			
35901	A		Excision, graft, neck	8.19	NA	NA	5.87	7.31	1.14	NA	NA	15.20	16.64	090			
35903	A		Excision, graft, extremity	9.39	NA	NA	7.77	7.79	1.14	NA	NA	18.30	18.32	090			
35905	A		Excision, graft, thorax	18.19	NA	NA	20.33	10.93	1.14	NA	NA	39.66	30.26	090			
35907	A		Excision, graft, abdomen	19.24	NA	NA	12.34	8.93	1.14	NA	NA	32.72	29.31	090			
36000	A		Place needle in vein	0.18	0.43	0.30	0.05	0.10	0.03	0.64	0.51	0.26	0.31	XXX			
36005	A		Injection, venography	0.95	16.56	4.52	0.26	0.45	0.03	17.54	5.50	1.24	1.43	000			
36010	A		Place catheter in vein	2.43	NA	NA	1.54	2.10	0.24	NA	NA	4.21	4.77	XXX			
36011	A		Place catheter in vein	3.14	NA	NA	1.84	2.01	0.17	NA	NA	5.15	5.32	XXX			

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CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Facility		Transitioned Non- facility		Transitioned Facility		Global	
					practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs	Mal- practice RVUs	Non- facility Total	Non- facility Total	Facility Total		
36012	A		Place catheter in vein	3.52	NA	NA	2.23	2.73	0.25	NA	NA	6.00	6.50	XXX
36013	A		Place catheter in artery	2.52	NA	NA	1.40	2.07	0.24	NA	NA	4.16	4.83	XXX
36014	A		Place catheter in artery	3.02	NA	NA	1.87	2.32	0.21	NA	NA	5.10	5.55	XXX
36015	A		Place catheter in artery	3.52	NA	NA	1.99	2.67	0.25	NA	NA	5.76	6.44	XXX
36100	A		Establish access to artery	3.02	NA	NA	2.08	2.63	0.25	NA	NA	5.35	5.90	XXX
36120	A		Establish access to artery	2.01	NA	NA	1.47	2.17	0.23	NA	NA	3.71	4.41	XXX
36140	A		Establish access to artery	2.01	NA	NA	1.48	1.52	0.19	NA	NA	3.68	3.72	XXX
36145	A		Artery to vein shunt	2.01	NA	NA	1.57	2.19	0.38	NA	NA	3.96	4.58	XXX
36160	A		Establish access to aorta	2.52	NA	NA	1.73	2.32	0.27	NA	NA	4.52	5.11	XXX
36200	A		Place catheter in aorta	3.02	NA	NA	0.87	2.44	0.22	NA	NA	4.11	5.68	XXX
36215	A		Place catheter in artery	4.68	NA	NA	2.45	2.88	0.18	NA	NA	7.31	7.74	XXX
36216	A		Place catheter in artery	5.28	NA	NA	2.78	3.37	0.21	NA	NA	8.27	8.86	XXX
36217	A		Place catheter in artery	6.30	NA	NA	3.13	3.97	0.25	NA	NA	9.68	10.52	XXX
36218	A		Place catheter in artery	1.01	NA	NA	1.58	0.90	0.04	NA	NA	2.63	1.95	ZZZ
36245	A		Place catheter in artery	4.68	NA	NA	2.53	3.20	0.20	NA	NA	7.41	8.08	XXX
36246	A		Place catheter in artery	5.28	NA	NA	2.85	3.39	0.21	NA	NA	8.34	8.88	XXX
36247	A		Place catheter in artery	6.30	NA	NA	3.08	3.96	0.25	NA	NA	9.63	10.51	XXX
36248	A		Place catheter in artery	1.01	NA	NA	1.58	0.90	0.04	NA	NA	2.63	1.95	ZZZ
36260	A		Insertion of infusion pump	9.71	NA	NA	5.68	6.90	1.10	NA	NA	16.49	17.71	090
36261	A		Revision of infusion pump	5.45	NA	NA	3.71	2.74	0.33	NA	NA	9.49	8.52	090
36262	A		Removal of infusion pump	4.02	NA	NA	3.02	2.32	0.31	NA	NA	7.35	6.65	090
36299	C		Vessel injection procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
36400	A		Drawing blood	0.18	0.50	0.20	0.04	0.05	0.01	0.69	0.39	0.23	0.24	XXX
36405	A		Drawing blood	0.18	0.36	0.46	0.04	0.20	0.02	0.56	0.66	0.24	0.40	XXX
36406	A		Drawing blood	0.18	0.36	0.22	0.04	0.08	0.01	0.55	0.41	0.23	0.27	XXX
36410	A		Drawing blood	0.18	0.37	0.27	0.04	0.09	0.02	0.57	0.47	0.24	0.29	XXX
36415	I		Drawing blood	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36420	A		Establish access to vein	1.01	NA	NA	0.38	0.51	0.04	NA	NA	1.43	1.56	XXX
36425	A		Establish access to vein	0.76	2.51	0.70	0.32	0.15	0.01	3.28	1.47	1.09	0.92	XXX
36430	A		Blood transfusion service	0.00	1.04	0.53	0.53	0.52	0.05	1.09	1.09	0.58	0.57	XXX
36440	A		Blood transfusion service	1.03	NA	NA	0.44	0.88	0.05	NA	NA	1.52	1.96	XXX
36450	A		Exchange transfusion service	2.23	NA	NA	0.89	0.99	0.14	NA	NA	3.26	3.36	XXX
36455	A		Exchange transfusion service	2.43	NA	NA	0.92	2.08	0.17	NA	NA	3.52	4.68	XXX
36460	A		Transfusion service, fetal	6.59	NA	NA	2.43	4.44	0.85	NA	NA	9.87	11.88	XXX
36468	R		Injection(s); spider veins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36469	R		Injection(s); spider veins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36470	A		Injection therapy of vein	1.09	2.31	0.80	0.40	0.21	0.03	3.43	1.92	1.52	1.33	010
36471	A		Injection therapy of veins	1.57	2.59	0.96	0.58	0.30	0.04	4.20	2.57	2.19	1.91	010
36481	A		Insertion of catheter, vein	6.99	NA	NA	2.34	4.90	0.48	NA	NA	9.81	12.37	000
36488	A		Insertion of catheter, vein	1.35	NA	NA	0.54	0.92	0.11	NA	NA	2.00	2.38	000



## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non-facility		Transitioned		Facility		Transitioned		Facility		Transitioned		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
36489	A		Insertion of catheter, vein	1.22	3.45	1.78	0.46	1.03	0.13	4.80	3.13	1.81	2.38	1.81	2.38	0.00	000
36490	A		Insertion of catheter, vein	1.67	NA	NA	0.56	1.27	0.16	NA	NA	2.39	3.10	2.39	3.10	0.00	000
36491	A		Insertion of catheter, vein	1.43	NA	NA	0.58	1.42	0.25	NA	NA	2.26	3.10	2.26	3.10	0.00	000
36493	A		Repositioning of cvc	1.21	NA	NA	0.57	0.65	0.13	NA	NA	1.91	1.99	1.91	1.99	0.00	000
36500	A		Insertion of catheter, vein	3.52	NA	NA	1.86	0.53	0.01	NA	NA	5.39	4.06	5.39	4.06	0.00	000
36510	A		Insertion of catheter, vein	1.09	NA	NA	0.71	0.32	0.02	NA	NA	1.82	1.43	1.82	1.43	0.00	000
36520	A		Plasma and/or cell exchange	1.74	NA	NA	0.88	1.77	0.09	NA	NA	2.71	3.60	2.71	3.60	0.00	000
36522	A		Photopheresis	1.67	7.87	3.99	1.00	1.75	0.29	9.83	5.95	2.96	3.71	2.96	3.71	0.00	000
36530	R		Insertion of infusion pump	6.20	NA	NA	3.47	4.79	0.80	NA	NA	10.47	11.79	10.47	11.79	0.00	010
36531	R		Revision of infusion pump	4.87	NA	NA	3.13	4.34	0.21	NA	NA	8.21	9.42	8.21	9.42	0.00	010
36532	R		Removal of infusion pump	3.30	NA	NA	1.68	1.86	0.29	NA	NA	5.27	5.45	5.27	5.45	0.00	010
36533	A		Insertion of access port	5.32	3.20	4.30	3.11	4.27	0.66	9.18	10.28	9.09	10.25	9.09	10.25	0.00	010
36534	A		Revision of access port	2.80	NA	NA	1.54	2.89	0.16	NA	NA	4.50	5.85	4.50	5.85	0.00	010
36535	A		Removal of access port	2.27	2.16	2.01	2.21	2.02	0.30	4.73	4.58	4.78	4.59	4.78	4.59	0.00	010
36600	A		Withdrawal of arterial blood	0.32	0.30	0.30	0.08	0.25	0.02	0.64	0.64	0.42	0.59	0.42	0.59	XXX	XXX
36620	A		Insertion catheter, artery	1.15	NA	NA	0.38	0.64	0.11	NA	NA	1.64	1.90	1.64	1.90	0.00	000
36625	A		Insertion catheter, artery	2.11	NA	NA	0.60	0.85	0.14	NA	NA	2.85	3.10	2.85	3.10	0.00	000
36640	A		Insertion catheter, artery	2.10	NA	NA	1.09	2.16	0.31	NA	NA	3.50	4.57	3.50	4.57	0.00	000
36660	A		Insertion catheter, artery	1.40	NA	NA	0.76	0.59	0.03	NA	NA	2.19	2.02	2.19	2.02	0.00	000
36680	A		Insert needle, bone cavity	1.20	NA	NA	0.54	1.15	0.08	NA	NA	1.82	2.43	1.82	2.43	0.00	000
36800	A		Insertion of cannula	2.43	NA	NA	1.57	2.20	0.22	NA	NA	4.22	4.85	4.22	4.85	0.00	000
36810	A		Insertion of cannula	3.97	NA	NA	2.44	4.17	0.58	NA	NA	6.99	8.72	6.99	8.72	0.00	000
36815	A		Insertion of cannula	2.62	NA	NA	1.83	2.81	0.55	NA	NA	5.00	5.98	5.00	5.98	0.00	000
36821	A		Artery-vein fusion	8.93	NA	NA	4.87	7.11	1.14	NA	NA	14.94	17.18	14.94	17.18	0.00	090
36822	A		Insertion of cannula(s)	5.42	NA	NA	7.64	6.47	0.60	NA	NA	13.66	12.49	13.66	12.49	0.00	090
36823	C		Insertion cannula(s)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	XXX
36825	A		Artery-vein graft	9.84	NA	NA	5.49	10.18	1.73	NA	NA	17.06	21.75	17.06	21.75	0.00	090
36830	A		Artery-vein graft	12.00	NA	NA	6.14	9.64	1.85	NA	NA	19.99	23.49	19.99	23.49	0.00	090
36831	A		Av fistula excision	8.00	2.38	2.38	2.98	2.98	1.29	11.67	11.67	12.27	12.27	12.27	12.27	0.00	090
36832	A		Av fistula revision	10.50	NA	NA	5.56	7.17	1.86	NA	NA	17.92	19.53	17.92	19.53	0.00	090
36833	A		Av fistula revision	11.95	4.52	4.52	4.49	4.49	1.29	17.76	17.76	17.73	17.73	17.73	17.73	0.00	090
36834	A		Repair A-V aneurysm	9.93	NA	NA	5.04	7.61	1.30	NA	NA	16.27	18.84	16.27	18.84	0.00	090
36835	A		Artery to vein shunt	7.15	NA	NA	4.13	3.82	0.62	NA	NA	11.90	11.59	11.90	11.59	0.00	090
36860	A		External cannula de clotting	2.01	2.62	2.75	2.04	2.31	0.34	4.97	5.10	4.39	4.66	4.39	4.66	0.00	000
36861	A		Cannula de clotting	2.52	NA	NA	1.63	2.67	0.79	NA	NA	4.94	5.98	4.94	5.98	0.00	000
37140	A		Revision of circulation	23.60	NA	NA	10.54	15.90	2.61	NA	NA	36.75	42.11	36.75	42.11	0.00	090
37145	A		Revision of circulation	24.61	NA	NA	13.08	17.21	1.35	NA	NA	39.04	43.17	39.04	43.17	0.00	090
37160	A		Revision of circulation	21.60	NA	NA	10.53	17.07	2.97	NA	NA	35.10	41.64	35.10	41.64	0.00	090
37180	A		Revision of circulation	24.61	NA	NA	11.26	14.37	2.16	NA	NA	38.03	41.14	38.03	41.14	0.00	090
37181	A		Splice spleen/kidney veins	26.68	NA	NA	12.02	16.36	2.75	NA	NA	41.45	45.79	41.45	45.79	0.00	090

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# ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitional Non-facility		Transitional Facility		Mal- practice RVUs	Transitional Non- facility		Transitional Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs		Total	Non- facility Total	Total	Facility Total	
37195	A		Thrombolytic therapy, stroke	0.00	8.37	8.34	8.37	8.34	8.34	8.34	0.42	8.79	8.76	8.79	8.76	XXX
37200	A		Transcatheter biopsy	4.56	NA	NA	3.32	2.13	2.13	2.13	0.10	NA	NA	7.98	6.79	000
37201	A		Transcatheter therapy infuse	5.00	NA	NA	2.90	5.20	5.20	5.20	0.50	NA	NA	8.40	10.70	000
37202	A		Transcatheter therapy infuse	5.68	NA	NA	3.87	4.47	4.47	4.47	0.39	NA	NA	9.94	10.54	000
37203	A		Transcatheter retrieval	5.03	NA	NA	2.87	3.83	3.83	3.83	0.35	NA	NA	8.25	9.21	000
37204	A		Transcatheter occlusion	18.14	NA	NA	7.41	13.05	13.05	13.05	1.25	NA	NA	26.80	32.44	000
37205	A		Transcatheter stent	8.28	NA	NA	4.61	5.35	5.35	5.35	0.33	NA	NA	13.22	13.96	000
37206	A		Transcatheter stent add-on	4.13	NA	NA	2.36	2.69	2.69	2.69	0.16	NA	NA	6.65	6.98	ZZZ
37207	A		Transcatheter stent	8.28	NA	NA	4.31	5.28	5.28	5.28	0.33	NA	NA	12.92	13.89	000
37208	A		Transcatheter stent add-on	4.13	NA	NA	1.91	2.58	2.58	2.58	0.16	NA	NA	6.20	6.87	ZZZ
37209	A		Exchange arterial catheter	2.27	NA	NA	1.64	1.56	1.56	1.56	0.09	NA	NA	4.00	3.92	000
37250	A		Intravascular us	2.10	NA	NA	1.74	1.37	1.37	1.37	0.10	NA	NA	3.94	3.57	ZZZ
37251	A		Intravascular us	1.60	NA	NA	1.50	1.08	1.08	1.08	0.08	NA	NA	3.18	2.76	ZZZ
37565	A		Ligation of neck vein	4.44	NA	NA	2.81	3.79	3.79	3.79	0.58	NA	NA	7.83	8.81	090
37600	A		Ligation of neck artery	4.57	NA	NA	4.03	5.06	5.06	5.06	0.63	NA	NA	9.23	10.26	090
37605	A		Ligation of neck artery	6.19	NA	NA	4.35	5.61	5.61	5.61	0.81	NA	NA	11.35	12.61	090
37606	A		Ligation of neck artery	6.28	NA	NA	5.02	6.07	6.07	6.07	0.56	NA	NA	11.86	12.91	090
37607	A		Ligation of fistula	6.16	NA	NA	3.30	3.32	3.32	3.32	0.56	NA	NA	10.02	10.04	090
37609	A		Temporal artery procedure	2.30	5.03	3.07	2.10	2.33	2.33	2.33	0.30	7.63	5.67	4.70	4.93	010
37615	A		Ligation of neck artery	5.73	NA	NA	4.28	5.65	5.65	5.65	0.87	NA	NA	10.88	12.25	090
37616	A		Ligation of chest artery	16.49	NA	NA	15.97	7.42	7.42	7.42	0.65	NA	NA	33.11	24.56	090
37617	A		Ligation of abdomen artery	15.95	NA	NA	9.15	8.80	8.80	8.80	1.20	NA	NA	26.30	25.95	090
37618	A		Ligation of extremity artery	4.84	NA	NA	3.47	4.92	4.92	4.92	0.83	NA	NA	9.14	10.59	090
37620	A		Revision of major vein	10.56	NA	NA	5.72	8.60	8.60	8.60	1.16	NA	NA	17.44	20.32	090
37650	A		Revision of major vein	5.13	NA	NA	3.50	4.15	4.15	4.15	0.41	NA	NA	9.04	9.69	090
37660	A		Revision of major vein	10.61	NA	NA	6.52	6.31	6.31	6.31	0.84	NA	NA	17.97	17.76	090
37700	A		Revise leg vein	3.73	NA	NA	2.60	3.61	3.61	3.61	0.57	NA	NA	6.90	7.91	090
37720	A		Removal of leg vein	5.66	NA	NA	3.35	5.00	5.00	5.00	0.81	NA	NA	9.82	11.47	090
37730	A		Removal of leg veins	7.33	NA	NA	4.38	6.75	6.75	6.75	1.10	NA	NA	12.81	15.18	090
37735	A		Removal of leg veins/lesion	10.53	NA	NA	6.31	8.37	8.37	8.37	1.31	NA	NA	18.15	20.21	090
37760	A		Revision of leg veins	10.47	NA	NA	6.50	7.72	7.72	7.72	1.19	NA	NA	18.16	19.38	090
37780	A		Revision of leg vein	3.84	NA	NA	2.64	2.20	2.20	2.20	0.27	NA	NA	6.75	6.31	090
37785	A		Revise secondary varicosity	3.88	5.46	2.16	3.16	1.59	1.59	1.59	0.14	9.48	6.18	7.18	5.61	090
37788	A		Revascularization, penis	22.01	NA	NA	11.46	15.19	15.19	15.19	1.16	NA	NA	34.63	38.36	090
37790	A		Penile venous occlusion	8.34	NA	NA	6.24	6.20	6.20	6.20	0.43	NA	NA	15.01	14.97	090
37799	C		Vascular surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38100	A		Removal of spleen, total	13.01	NA	NA	6.56	8.60	8.60	8.60	1.42	NA	NA	20.99	23.03	090
38101	A		Removal of spleen, partial	13.74	NA	NA	7.24	7.50	7.50	7.50	1.18	NA	NA	22.16	22.42	090
38102	A		Removal of spleen, total	4.80	NA	NA	1.99	2.54	2.54	2.54	0.45	NA	NA	7.24	7.79	ZZZ
38115	A		Repair of ruptured spleen	14.19	NA	NA	7.02	7.97	7.97	7.97	1.17	NA	NA	22.38	23.33	090

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3 \*Indicates RVUs are not used for Medicare payment.



## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitional		Facility		Mal-practice		Non-facility		Transitional		Facility		Transitional		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
38200	A		Injection for spleen x-ray	2.64	NA	NA	NA	0.73	1.58	0.12	0.12	NA	NA	NA	NA	NA	3.49	4.34	0.00	0.00	000
38230	R		Bone marrow collection	4.54	NA	NA	NA	2.49	2.89	0.16	0.16	NA	NA	NA	NA	NA	7.19	7.59	0.10	0.10	010
38231	R		Stem cell collection	1.50	NA	NA	NA	0.56	1.26	0.06	0.06	NA	NA	NA	NA	NA	2.12	2.82	0.00	0.00	000
38240	R		Bone marrow/stem transplant	2.24	NA	NA	NA	1.55	2.08	0.11	0.11	NA	NA	NA	NA	NA	3.90	4.43	0.00	0.00	XXX
38241	R		Bone marrow/stem transplant	2.24	NA	NA	NA	1.51	2.04	0.10	0.10	NA	NA	NA	NA	NA	3.85	4.38	0.00	0.00	XXX
38300	A		Drainage lymph node lesion	1.53	3.23	8.60	1.28	1.80	0.69	0.08	0.08	4.84	2.89	8.64	9.54	7.65	3.41	2.30	0.10	0.10	010
38305	A		Drainage lymph node lesion	4.61	8.60	3.75	3.75	4.65	2.76	0.28	0.28	13.49	8.64	13.49	9.54	7.65	3.41	2.30	0.10	0.10	010
38308	A		Incision of lymph channels	4.95	NA	NA	NA	4.22	3.80	0.35	0.35	NA	NA	NA	NA	NA	9.52	9.10	0.00	0.00	090
38380	A		Thoracic duct procedure	7.46	NA	NA	NA	6.18	5.16	0.59	0.59	NA	NA	NA	NA	NA	14.23	13.21	0.00	0.00	090
38381	A		Thoracic duct procedure	12.88	NA	NA	NA	11.13	8.93	1.17	1.17	NA	NA	NA	NA	NA	25.18	22.98	0.00	0.00	090
38382	A		Thoracic duct procedure	10.08	NA	NA	NA	10.39	6.54	0.88	0.88	NA	NA	NA	NA	NA	21.35	17.50	0.00	0.00	090
38500	A		Biopsy/removal lymph node(s)	2.88	2.22	1.85	1.85	2.07	1.82	0.24	0.24	5.34	4.97	5.34	4.97	4.94	5.19	4.94	0.10	0.10	010
38505	A		Needle biopsy, lymph node(s)	1.14	2.59	1.56	1.56	1.14	0.74	0.13	0.13	3.86	2.83	3.86	2.83	2.01	2.41	2.01	0.00	0.00	000
38510	A		Biopsy/removal lymph node(s)	4.14	NA	NA	NA	3.74	3.01	0.35	0.35	NA	NA	NA	NA	NA	8.23	7.50	0.00	0.00	090
38520	A		Biopsy/removal lymph node(s)	5.12	NA	NA	NA	3.84	3.39	0.44	0.44	NA	NA	NA	NA	NA	9.40	8.95	0.00	0.00	090
38525	A		Biopsy/removal lymph node(s)	4.66	NA	NA	NA	3.15	2.90	0.41	0.41	NA	NA	NA	NA	NA	8.22	7.97	0.00	0.00	090
38530	A		Biopsy/removal lymph node(s)	6.13	NA	NA	NA	4.55	3.72	0.51	0.51	NA	NA	NA	NA	NA	11.19	10.36	0.00	0.00	090
38542	A		Explore deep node(s), neck	5.91	NA	NA	NA	5.58	4.86	0.46	0.46	NA	NA	NA	NA	NA	11.95	11.23	0.00	0.00	090
38550	A		Removal neck/ampit lesion	6.73	NA	NA	NA	3.46	3.50	0.49	0.49	NA	NA	NA	NA	NA	10.68	10.72	0.00	0.00	090
38555	A		Removal neck/ampit lesion	14.27	NA	NA	NA	9.24	8.23	1.08	1.08	NA	NA	NA	NA	NA	24.59	23.58	0.00	0.00	090
38562	A		Removal, pelvic lymph nodes	10.49	NA	NA	NA	6.76	7.29	0.94	0.94	NA	NA	NA	NA	NA	18.19	18.72	0.00	0.00	090
38564	A		Removal, abdomen lymph nodes	10.83	NA	NA	NA	6.37	7.61	1.18	1.18	NA	NA	NA	NA	NA	18.38	19.62	0.00	0.00	090
38700	A		Removal of lymph nodes, neck	8.24	NA	NA	NA	13.53	10.76	1.02	1.02	NA	NA	NA	NA	NA	22.79	20.02	0.00	0.00	090
38720	A		Removal of lymph nodes, neck	13.61	NA	NA	NA	16.66	16.35	1.60	1.60	NA	NA	NA	NA	NA	31.87	31.56	0.00	0.00	090
38724	A		Removal of lymph nodes, neck	14.54	NA	NA	NA	17.00	15.94	1.56	1.56	NA	NA	NA	NA	NA	33.10	32.04	0.00	0.00	090
38740	A		Remove armpit lymph nodes	6.77	NA	NA	NA	4.03	4.85	0.78	0.78	NA	NA	NA	NA	NA	11.58	12.40	0.00	0.00	090
38745	A		Remove armpits lymph nodes	8.84	NA	NA	NA	5.74	8.18	1.38	1.38	NA	NA	NA	NA	NA	15.96	18.40	0.00	0.00	090
38746	A		Remove thoracic lymph nodes	4.39	NA	NA	NA	2.31	2.45	0.41	0.41	NA	NA	NA	NA	NA	7.11	7.25	0.00	0.00	ZZZ
38747	A		Remove abdominal lymph nodes	4.89	NA	NA	NA	2.23	2.64	0.46	0.46	NA	NA	NA	NA	NA	7.58	7.99	0.00	0.00	ZZZ
38760	A		Remove groin lymph nodes	8.74	NA	NA	NA	5.05	6.66	1.06	1.06	NA	NA	NA	NA	NA	14.85	16.46	0.00	0.00	090
38765	A		Remove groin lymph nodes	16.06	NA	NA	NA	10.02	12.82	1.89	1.89	NA	NA	NA	NA	NA	27.97	30.77	0.00	0.00	090
38770	A		Remove pelvis lymph nodes	13.23	NA	NA	NA	7.53	13.73	1.35	1.35	NA	NA	NA	NA	NA	22.11	28.31	0.00	0.00	090
38780	A		Remove abdomen lymph nodes	16.59	NA	NA	NA	10.37	15.67	2.45	2.45	NA	NA	NA	NA	NA	29.41	34.71	0.00	0.00	090
38790	A		Injection for lymphatic xray	1.29	32.83	9.54	9.54	0.42	1.26	0.15	0.15	34.27	10.98	34.27	1.86	2.70	0.00	0.00	0.00	0.00	000
38792	C		Identify sentinel node	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
38794	A		Access thoracic lymph duct	4.45	NA	NA	NA	1.30	2.64	0.30	0.30	NA	NA	NA	NA	NA	6.05	7.39	0.00	0.00	090
38999	C		Blood/lymph system procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
39000	A		Exploration of chest	6.10	NA	NA	NA	8.80	7.13	0.84	0.84	NA	NA	NA	NA	NA	15.74	14.07	0.00	0.00	090
39010	A		Exploration of chest	11.79	NA	NA	NA	11.53	12.21	1.63	1.63	NA	NA	NA	NA	NA	24.95	25.63	0.00	0.00	090
39200	A		Removal chest lesion	13.62	NA	NA	NA	10.83	12.14	1.67	1.67	NA	NA	NA	NA	NA	26.12	27.43	0.00	0.00	090

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Facility		Non-facility		Facility		Mal- practice RVUs	Non- facility		Facility		Transitioned		Transitioned		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs		Non- facility Total	Facility Total	Non- facility Total	Facility Total					
39220	A		Removal chest lesion	17.42	NA	12.44	15.27	2.21	NA	NA	32.07	34.90	0.90	NA	NA	32.07	34.90	0.90	NA	0.90
39400	A		Visualization of chest	5.61	NA	6.38	5.77	0.74	NA	NA	12.73	12.12	0.10	NA	NA	12.73	12.12	0.10	NA	0.10
39499	C		Chest procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
39501	A		Repair diaphragm laceration	13.19	NA	8.94	10.91	1.64	NA	NA	23.77	25.74	0.90	NA	NA	23.77	25.74	0.90	NA	0.90
39502	A		Repair paraesophageal hernia	16.33	NA	9.73	12.15	1.92	NA	NA	27.98	30.40	0.90	NA	NA	27.98	30.40	0.90	NA	0.90
39503	A		Repair of diaphragm hernia	34.85	NA	15.89	24.47	2.30	NA	NA	53.04	61.62	0.90	NA	NA	53.04	61.62	0.90	NA	0.90
39520	A		Repair of diaphragm hernia	16.10	NA	10.62	12.86	1.92	NA	NA	28.64	30.88	0.90	NA	NA	28.64	30.88	0.90	NA	0.90
39530	A		Repair of diaphragm hernia	15.41	NA	10.14	13.98	2.12	NA	NA	27.67	31.51	0.90	NA	NA	27.67	31.51	0.90	NA	0.90
39531	A		Repair of diaphragm hernia	16.42	NA	10.21	10.69	1.41	NA	NA	28.04	28.52	0.90	NA	NA	28.04	28.52	0.90	NA	0.90
39540	A		Repair of diaphragm hernia	13.32	NA	9.08	12.02	1.96	NA	NA	24.36	27.30	0.90	NA	NA	24.36	27.30	0.90	NA	0.90
39541	A		Repair of diaphragm hernia	14.41	NA	9.13	12.18	1.85	NA	NA	25.39	28.44	0.90	NA	NA	25.39	28.44	0.90	NA	0.90
39545	A		Revision of diaphragm	13.37	NA	9.70	8.85	1.02	NA	NA	24.09	23.24	0.90	NA	NA	24.09	23.24	0.90	NA	0.90
39599	C		Diaphragm surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
40490	A		Biopsy of lip	1.22	1.32	0.93	0.62	0.05	0.05	2.59	1.89	1.73	0.00	2.20	2.20	1.89	1.73	0.00	1.73	0.00
40500	A		Partial excision of lip	4.28	4.34	4.92	5.17	0.74	0.74	9.36	10.19	10.15	0.90	9.94	9.94	10.19	10.15	0.90	10.15	0.90
40510	A		Partial excision of lip	4.70	5.14	5.49	5.81	0.65	0.65	10.49	10.84	11.01	0.90	10.84	10.84	11.16	11.01	0.90	11.01	0.90
40520	A		Partial excision of lip	4.67	5.64	5.07	5.91	0.53	0.53	10.84	10.27	11.11	0.90	10.84	10.27	11.11	10.34	0.90	10.34	0.90
40525	A		Reconstruct lip with flap	7.55	NA	7.70	8.69	1.12	NA	NA	16.37	17.36	0.90	NA	NA	16.37	17.36	0.90	NA	0.90
40527	A		Reconstruct lip with flap	9.13	NA	8.73	10.36	1.29	NA	NA	19.15	20.78	0.90	NA	NA	19.15	20.78	0.90	NA	0.90
40530	A		Partial removal of lip	5.40	4.77	5.34	5.51	0.58	0.58	10.75	11.32	11.51	0.90	10.75	11.32	11.49	11.51	0.90	11.51	0.90
40650	A		Repair lip	3.64	3.88	4.23	3.58	0.51	0.51	8.03	8.38	8.30	0.90	8.03	8.38	7.73	8.30	0.90	8.30	0.90
40652	A		Repair lip	4.26	5.04	5.08	5.35	0.62	0.62	9.92	10.23	10.04	0.90	9.92	9.96	10.23	10.04	0.90	10.04	0.90
40654	A		Repair lip	5.31	5.65	6.17	6.25	0.78	0.78	11.74	12.26	12.34	0.90	11.74	12.26	12.34	12.41	0.90	12.41	0.90
40700	A		Repair cleft lip/nasal	12.79	NA	9.72	9.32	1.00	NA	NA	23.51	23.11	0.90	NA	NA	23.51	23.11	0.90	NA	0.90
40701	A		Repair cleft lip/nasal	15.85	NA	10.34	18.32	1.27	NA	NA	27.46	35.44	0.90	NA	NA	27.46	35.44	0.90	NA	0.90
40702	A		Repair cleft lip/nasal	13.04	NA	9.18	9.92	0.86	NA	NA	23.08	23.82	0.90	NA	NA	23.08	23.82	0.90	NA	0.90
40720	A		Repair cleft lip/nasal	13.55	NA	10.66	10.47	1.40	NA	NA	25.61	25.42	0.90	NA	NA	25.61	25.42	0.90	NA	0.90
40761	A		Repair cleft lip/nasal	14.72	NA	12.39	11.92	1.36	NA	NA	28.47	28.00	0.90	NA	NA	28.47	28.00	0.90	NA	0.90
40799	C		Lip surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
40800	A		Drainage of mouth lesion	1.17	1.55	0.99	0.48	0.05	0.05	2.77	2.21	1.64	0.10	2.21	2.21	1.70	1.64	0.10	1.64	0.10
40801	A		Drainage of mouth lesion	2.53	2.06	1.90	2.14	0.13	0.13	4.72	4.56	3.89	0.10	4.56	4.56	4.80	3.89	0.10	3.89	0.10
40804	A		Removal foreign body, mouth	1.24	1.98	0.97	2.19	0.05	0.05	3.27	2.26	2.08	0.10	2.26	2.26	3.48	2.08	0.10	2.08	0.10
40805	A		Removal foreign body, mouth	2.69	2.58	2.68	3.22	0.23	0.23	5.50	5.60	5.76	0.10	5.50	5.50	6.14	5.76	0.10	5.76	0.10
40806	A		Incision of lip fold	0.31	0.72	0.47	0.93	0.02	0.02	1.05	0.80	0.86	0.00	1.05	0.80	1.26	0.86	0.00	0.86	0.00
40808	A		Biopsy of mouth lesion	0.96	1.60	1.02	2.12	0.06	0.06	2.62	2.04	1.86	0.10	2.62	2.04	3.14	1.86	0.10	1.86	0.10
40810	A		Excision of mouth lesion	1.31	2.13	1.49	2.40	0.09	0.09	3.53	2.89	2.48	0.10	3.53	2.89	3.80	2.48	0.10	2.48	0.10
40812	A		Excise/repair mouth lesion	2.31	2.38	1.82	2.96	0.11	0.11	4.80	4.24	3.78	0.10	4.80	4.24	5.38	3.78	0.10	3.78	0.10
40814	A		Excise/repair mouth lesion	3.42	3.32	3.46	4.37	0.25	0.25	6.99	7.13	6.08	0.90	6.99	7.13	8.04	6.08	0.90	6.08	0.90
40816	A		Excision of mouth lesion	3.67	3.59	3.52	4.67	0.26	0.26	7.52	7.45	6.41	0.90	7.52	7.45	8.60	6.41	0.90	6.41	0.90
40818	A		Excise oral mucosa for graft	2.41	3.22	2.64	4.77	0.16	0.16	5.79	5.21	5.59	0.90	5.79	5.21	7.34	5.59	0.90	5.59	0.90



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup>			Non-facility			Facility			Mal-practice			Non-facility			Facility			Facility			Global		
				RVUs	practice expense	RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	RVUs	RVUs	RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs
40819	A		Excise lip or cheek fold	2.41	2.85	1.71	2.85	1.71	3.33	1.34	0.11	5.37	4.23	5.85	3.86	0.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
40820	A		Treatment of mouth lesion	1.28	1.86	0.90	1.86	0.90	2.30	0.79	0.05	3.19	2.23	3.63	2.12	0.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
40830	A		Repair mouth laceration	1.76	1.94	1.03	1.94	1.03	1.91	1.03	0.05	3.75	2.84	3.72	2.84	1.03	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05
40831	A		Repair mouth laceration	2.46	2.29	2.16	2.29	2.16	2.72	2.26	0.16	4.91	4.78	5.34	4.88	2.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16
40840	R		Reconstruction of mouth	8.73	5.50	6.49	5.50	6.49	7.28	6.94	0.57	14.80	15.79	16.58	16.24	6.49	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57
40842	R		Reconstruction of mouth	12.10	6.56	8.80	6.56	8.80	7.73	9.10	0.81	19.47	21.71	20.64	16.05	8.80	0.81	0.81	0.81	0.81	0.81	0.81	0.81	0.81	0.81	0.81	0.81
40843	R		Reconstruction of mouth	16.01	8.09	11.49	8.09	11.49	8.65	11.63	1.06	25.16	28.56	25.72	28.70	11.49	1.06	1.06	1.06	1.06	1.06	1.06	1.06	1.06	1.06	1.06	1.06
40844	R		Reconstruction of mouth	18.58	9.83	19.09	9.83	19.09	11.31	19.46	1.51	29.92	39.18	31.40	39.55	19.09	1.51	1.51	1.51	1.51	1.51	1.51	1.51	1.51	1.51	1.51	1.51
40845	R		Reconstruction of mouth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
40899	C		Mouth surgery procedure	1.30	1.83	1.07	1.83	1.07	1.63	0.72	0.06	3.19	2.43	2.99	2.08	1.07	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06
41000	A		Drainage of mouth lesion	1.26	1.76	0.94	1.76	0.94	1.80	0.95	0.05	3.07	2.25	3.11	2.26	0.94	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05
41005	A		Drainage of mouth lesion	3.24	3.10	1.60	3.10	1.60	3.34	1.66	0.09	6.43	4.93	6.67	4.99	3.10	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09
41006	A		Drainage of mouth lesion	3.10	2.92	3.09	2.92	3.09	3.01	3.12	0.23	6.25	6.42	6.34	6.45	3.09	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23
41007	A		Drainage of mouth lesion	3.37	3.01	1.62	3.01	1.62	3.27	1.25	0.09	6.47	5.08	6.73	4.71	3.37	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09
41008	A		Drainage of mouth lesion	3.59	2.99	3.44	2.99	3.44	3.32	3.52	0.27	6.85	7.30	7.18	7.38	3.59	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27
41009	A		Drainage of mouth lesion	1.06	2.27	0.87	2.27	0.87	3.23	2.21	0.03	3.36	1.96	4.32	2.20	1.06	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03
41010	A		Incision of tongue fold	3.96	3.32	1.54	3.32	1.54	3.18	1.50	0.08	7.36	5.58	7.22	5.54	3.96	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08
41015	A		Drainage of mouth lesion	4.07	3.34	3.84	3.34	3.84	3.32	3.83	0.30	7.71	8.21	7.69	8.20	4.07	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30
41016	A		Drainage of mouth lesion	4.07	3.33	1.97	3.33	1.97	3.28	1.96	0.11	7.51	6.15	7.46	6.14	4.07	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11
41017	A		Drainage of mouth lesion	5.10	3.76	4.14	3.76	4.14	3.40	4.05	0.30	9.16	9.54	8.80	9.45	5.10	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30
41018	A		Drainage of mouth lesion	1.63	2.11	1.18	2.11	1.18	2.56	2.11	0.06	3.80	2.87	4.25	2.66	1.63	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06
41100	A		Biopsy of tongue	1.42	1.96	1.33	1.96	1.33	2.51	1.05	0.09	3.47	2.84	4.02	2.56	1.42	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09
41105	A		Biopsy of tongue	1.05	1.81	1.14	1.81	1.14	2.25	0.91	0.07	2.93	2.26	3.37	2.03	1.05	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
41108	A		Biopsy of floor of mouth	1.51	2.43	1.67	2.43	1.67	2.59	1.18	0.12	4.06	3.30	4.22	2.81	1.51	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12
41110	A		Excision of tongue lesion	2.73	2.87	2.66	2.87	2.66	3.54	1.86	0.18	5.78	5.57	6.45	4.77	2.73	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18
41112	A		Excision of tongue lesion	3.19	2.89	3.50	2.89	3.50	4.27	2.46	0.29	6.37	6.98	7.75	5.94	3.19	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29
41113	A		Excision of tongue lesion	8.47	NA	NA	NA	NA	6.27	6.77	0.57	NA	NA	15.31	15.81	8.47	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57
41114	A		Excision of tongue lesion	1.74	2.20	2.00	2.20	2.00	2.41	2.05	0.13	4.07	3.87	4.28	3.92	1.74	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13
41115	A		Excision of tongue fold	2.44	2.71	2.70	2.71	2.70	3.42	2.88	0.21	5.36	5.35	6.07	5.53	2.44	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21
41116	A		Excision of mouth lesion	9.77	NA	NA	NA	NA	8.52	8.06	0.69	NA	NA	18.98	18.52	9.77	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69
41120	A		Partial removal of tongue	11.15	NA	NA	NA	NA	9.46	9.74	0.89	NA	NA	21.50	21.78	11.15	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89
41130	A		Tongue and neck surgery	23.09	NA	NA	NA	NA	16.51	19.02	2.07	NA	NA	41.67	44.18	23.09	2.07	2.07	2.07	2.07	2.07	2.07	2.07	2.07	2.07	2.07	2.07
41140	A		Removal of tongue	25.50	NA	NA	NA	NA	18.24	19.94	1.92	NA	NA	45.66	47.36	25.50	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92
41145	A		Tongue removal; neck surgery	30.06	NA	NA	NA	NA	22.58	24.19	2.31	NA	NA	54.95	56.56	30.06	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.31
41150	A		Tongue, mouth, jaw surgery	23.04	NA	NA	NA	NA	17.19	19.73	1.92	NA	NA	44.15	44.69	23.04	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92
41153	A		Tongue, mouth, neck surgery	23.77	NA	NA	NA	NA	17.95	24.84	2.37	NA	NA	42.05	42.50	23.77	2.37	2.37	2.37	2.37	2.37	2.37	2.37	2.37	2.37	2.37	2.37
41155	A		Tongue, jaw, & neck surgery	27.72	NA	NA	NA	NA	20.54	29.51	2.93	NA	NA	51.19	50.98	27.72	2.93	2.93	2.93	2.93	2.93	2.93	2.93	2.93	2.93	2.93	2.93
41250	A		Repair tongue laceration	1.91	2.14	1.41	2.14	1.41	1.73	1.30	0.09	4.14	3.41	3.73	3.30	1.91	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09
41251	A		Repair tongue laceration	2.27	1.97	2.18	1.97	2.18	2.17	2.23	0.16	4.40	4.61	4.60	4.66	2.27	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16

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3 \*Indicates RVUs are not used for Medicare payment.



# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned		Facility		Mal- practice RVUs	Non- facility		Transitioned		Facility		Transitioned Facility Total	Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs		practice RVUs	expense RVUs	Total	Non- facility	Total	Non- facility		
411252	A		Repair tongue laceration	2.97	2.87	2.63	2.67	2.58	0.20	6.04	5.80	5.84	5.75	010					
411500	A		Fixation of tongue	3.71	NA	NA	3.46	3.54	0.20	NA	NA	7.37	7.45	090					
411510	A		Tongue to lip surgery	3.42	NA	NA	4.21	3.12	0.35	NA	NA	7.98	6.89	090					
411520	A		Reconstruction, tongue fold	2.73	2.38	2.94	3.37	3.19	0.22	5.33	5.89	6.32	6.14	090					
411599	C		Tongue and mouth surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY					
411800	A		Drainage of gum lesion	1.17	1.52	0.94	1.36	0.63	0.05	2.74	2.16	2.58	1.85	010					
411805	A		Removal foreign body, gum	1.24	1.50	1.06	1.89	1.16	0.06	2.80	2.36	3.19	2.46	010					
411806	A		Removal foreign body,jawbone	2.69	2.09	1.86	2.67	1.34	0.12	4.90	4.67	5.48	4.15	010					
411820	R		Excision, gum, each quadrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX					
411821	R		Excision of gum flap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX					
411822	R		Excision of gum lesion	2.31	2.24	3.03	0.97	2.71	0.20	4.75	5.54	3.48	5.22	010					
411823	R		Excision of gum lesion	3.30	2.91	3.68	3.00	3.71	0.27	6.48	7.25	6.57	7.28	090					
411825	A		Excision of gum lesion	1.31	1.89	1.69	2.34	1.19	0.11	3.31	3.11	3.76	2.61	010					
411826	A		Excision of gum lesion	2.31	2.20	2.24	2.52	1.48	0.14	4.65	4.69	4.97	3.93	010					
411827	A		Excision of gum lesion	3.42	2.95	3.80	3.77	2.47	0.30	6.67	7.52	7.49	6.19	090					
411828	R		Excision of gum lesion	3.09	2.56	3.96	2.48	3.94	0.26	5.91	7.31	5.83	7.29	010					
411830	R		Removal of gum tissue	3.35	2.70	3.68	2.94	3.74	0.28	6.33	7.31	6.57	7.37	010					
411850	R		Treatment of gum lesion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX					
411870	R		Gum graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX					
411872	R		Repair gum	2.59	2.31	2.90	3.42	3.17	0.21	5.11	5.70	6.22	5.97	090					
411874	R		Repair tooth socket	3.09	2.40	3.37	2.46	3.38	0.25	5.74	6.71	5.80	6.72	090					
411899	C		Dental surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY					
420000	A		Drainage mouth roof lesion	1.23	1.88	0.97	1.69	0.68	0.05	3.16	2.25	2.97	1.96	010					
421000	A		Biopsy roof of mouth	1.31	1.93	1.13	2.41	0.93	0.06	3.30	2.50	3.78	2.30	010					
421040	A		Excision lesion, mouth roof	1.64	2.00	1.82	2.64	1.32	0.13	3.77	3.59	4.41	3.09	010					
421060	A		Excision lesion, mouth roof	2.10	2.16	2.35	2.84	1.62	0.16	4.42	4.61	5.10	3.88	010					
421070	A		Excision lesion, mouth roof	4.44	3.45	4.84	4.43	3.10	0.39	8.28	9.67	9.26	7.93	090					
421200	A		Remove palate/lesion	6.17	NA	NA	5.93	7.01	0.79	NA	NA	12.89	13.97	090					
421400	A		Excision of uvula	1.62	2.86	1.82	3.17	1.90	0.12	4.60	3.56	4.91	3.64	090					
421450	A		Repair, palate,pharynx/uvula	8.05	NA	NA	7.37	9.06	1.13	NA	NA	16.55	18.24	090					
421600	A		Treatment mouth roof lesion	1.80	2.26	1.81	2.70	1.30	0.13	4.19	3.74	4.63	3.23	010					
421800	A		Repair palate	2.50	2.49	2.45	2.46	2.44	0.20	5.19	5.15	5.16	5.14	010					
421820	A		Repair palate	3.83	2.64	3.49	3.42	3.68	0.30	6.77	7.62	7.55	7.81	010					
422000	A		Reconstruct cleft palate	12.00	NA	NA	10.23	8.41	0.66	NA	NA	22.89	21.07	090					
422050	A		Reconstruct cleft palate	9.59	NA	NA	6.44	10.20	0.62	NA	NA	16.65	20.41	090					
422100	A		Reconstruct cleft palate	14.50	NA	NA	9.41	12.54	0.74	NA	NA	24.65	27.78	090					
422150	A		Reconstruct cleft palate	8.82	NA	NA	8.12	8.28	0.67	NA	NA	17.61	17.77	090					
422200	A		Reconstruct cleft palate	7.02	NA	NA	5.97	5.89	0.63	NA	NA	13.62	13.54	090					
422250	A		Reconstruct cleft palate	9.54	NA	NA	8.58	7.76	0.84	NA	NA	18.96	18.14	090					
422260	A		Lengthening of palate	10.01	NA	NA	9.18	8.72	0.67	NA	NA	19.86	19.40	090					

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3 \*Indicates RVUs are not used for Medicare payment.



## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	physician work <sup>3</sup> RVUs	practice expense		practice expense		mal- practice		non- facility		non- facility		transitional facility		Global
					RVUs	RVUs	RVUs	RVUs	Total	Total	Total	Total					
42227	A		Lengthening of palate	9.52	NA	NA	7.65	7.94	0.30	NA	NA	17.47	17.76	0.90			
42235	A		Repair palate	7.87	NA	NA	6.28	6.09	0.38	NA	NA	14.53	14.34	0.90			
42260	A		Repair nose to lip fistula	9.80	6.11	4.77	6.34	4.83	0.34	16.25	14.91	16.48	14.97	0.90			
42280	A		Preparation, palate mold	1.54	1.19	1.92	0.79	1.82	0.13	2.86	3.59	2.46	3.49	0.10			
42281	A		Insertion, palate prosthesis	1.93	1.34	1.54	0.98	1.45	0.12	3.39	3.59	3.03	3.50	0.10			
42299	C		Palate/uvula surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY			
42300	A		Drainage of salivary gland	1.93	2.20	1.33	2.77	1.08	0.09	4.22	3.35	4.79	3.10	0.10			
42305	A		Drainage of salivary gland	6.07	NA	NA	5.83	3.24	0.21	NA	NA	12.11	9.52	0.90			
42310	A		Drainage of salivary gland	1.56	1.78	1.29	2.40	1.02	0.09	3.43	2.94	4.05	2.67	0.10			
42320	A		Drainage of salivary gland	2.35	2.21	2.05	2.95	2.23	0.17	4.73	4.57	5.47	4.75	0.10			
42325	A		Create salivary cyst drain	2.75	2.28	2.30	1.24	2.04	0.16	5.19	5.21	4.15	4.95	0.90			
42326	A		Create salivary cyst drain	3.78	3.46	4.25	2.23	3.94	0.26	7.50	8.29	6.27	7.98	0.90			
42330	A		Removal of salivary stone	2.21	2.30	1.47	0.87	0.67	0.09	4.60	3.77	3.17	2.97	0.10			
42335	A		Removal of salivary stone	3.31	3.06	2.78	4.40	2.11	0.21	6.58	6.30	7.92	5.63	0.90			
42340	A		Removal of salivary stone	4.60	3.92	4.44	5.61	3.14	0.35	8.87	9.39	10.56	8.09	0.90			
42400	A		Biopsy of salivary gland	0.78	2.21	1.20	0.90	0.55	0.08	3.07	2.06	1.76	1.41	0.00			
42405	A		Biopsy of salivary gland	3.29	2.89	1.98	3.87	1.60	0.15	6.33	5.42	7.31	5.04	0.10			
42408	A		Excision of salivary cyst	4.54	3.79	3.59	5.11	3.92	0.30	8.63	8.43	9.95	8.76	0.90			
42409	A		Drainage of salivary cyst	2.81	2.74	2.97	4.16	3.33	0.23	5.78	6.01	7.20	6.37	0.90			
42410	A		Excise parotid gland/lesion	9.34	NA	NA	8.14	6.87	0.72	NA	NA	18.20	16.93	0.90			
42415	A		Excise parotid gland/lesion	16.89	NA	NA	13.08	13.59	1.31	NA	NA	31.28	31.79	0.90			
42420	A		Excise parotid gland/lesion	19.59	NA	NA	14.84	15.77	1.46	NA	NA	35.89	36.82	0.90			
42425	A		Excise parotid gland/lesion	13.02	NA	NA	10.88	11.76	1.12	NA	NA	25.02	25.90	0.90			
42426	A		Excise parotid gland/lesion	21.26	NA	NA	15.86	23.00	2.51	NA	NA	39.63	46.77	0.90			
42440	A		Excision submaxillary gland	6.97	NA	NA	6.40	7.84	0.77	NA	NA	14.14	15.58	0.90			
42450	A		Excision sublingual gland	4.62	3.99	3.78	5.25	4.10	0.27	8.88	8.67	10.14	8.99	0.90			
42500	A		Repair salivary duct	4.30	4.02	4.76	5.33	5.08	0.39	8.71	9.45	10.02	9.77	0.90			
42505	A		Repair salivary duct	6.18	4.78	6.73	6.21	7.09	0.67	11.63	13.58	13.06	13.94	0.90			
42507	A		Parotid duct diversion	6.11	NA	NA	6.29	5.36	0.52	NA	NA	12.92	11.99	0.90			
42508	A		Parotid duct diversion	9.10	NA	NA	7.95	8.18	0.74	NA	NA	17.79	18.02	0.90			
42509	A		Parotid duct diversion	11.54	NA	NA	9.43	8.31	0.96	NA	NA	21.93	20.81	0.90			
42510	A		Parotid duct diversion	8.15	NA	NA	5.40	7.58	0.66	NA	NA	14.21	16.39	0.90			
42550	A		Injection for salivary x-ray	1.25	11.75	3.30	0.34	0.45	0.03	13.03	4.58	1.62	1.73	0.00			
42600	A		Closure of salivary fistula	4.82	4.97	4.41	5.78	4.61	0.36	10.15	9.59	10.96	9.79	0.90			
42650	A		Dilation of salivary duct	0.77	0.89	0.54	0.40	0.26	0.03	1.69	1.34	1.20	1.06	0.00			
42660	A		Dilation of salivary duct	1.13	1.01	0.66	2.02	0.71	0.05	2.19	1.84	3.20	1.89	0.00			
42665	A		Ligation of salivary duct	2.53	3.02	2.41	4.21	2.71	0.20	5.75	5.14	6.94	5.44	0.90			
42699	C		Salivary surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY			
42700	A		Drainage of tonsil abscess	1.62	2.46	1.31	2.17	0.89	0.08	4.16	3.01	3.87	2.59	0.10			
42720	A		Drainage of throat abscess	5.42	4.29	2.61	4.78	2.73	0.17	9.88	8.20	10.37	8.32	0.10			

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CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility			Transitioned Facility			Transitioned Non- facility			Transitioned Facility			Global
					practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs	Non- facility Total	Non- facility Total	Facility Total	Non- facility Total	Facility Total			
															Mal- practice RVUs		
42725	A		Drainage of throat abscess	10.72	NA	NA	8.24	5.68	0.41	NA	NA	19.37	16.81	090			
42800	A		Biopsy of throat	1.39	2.30	1.18	2.53	0.93	0.06	3.75	2.63	3.98	2.38	010			
42802	A		Biopsy of throat	1.54	2.40	1.43	2.59	1.48	0.09	4.03	3.06	4.22	3.11	010			
42804	A		Biopsy of upper nose/throat	1.24	2.23	1.44	2.50	1.51	0.10	3.57	2.78	3.84	2.85	010			
42806	A		Biopsy of upper nose/throat	1.58	2.60	1.79	2.82	1.85	0.13	4.31	3.50	4.53	3.56	010			
42808	A		Excise pharynx lesion	2.30	3.53	2.93	3.24	2.86	0.23	6.06	5.46	5.77	5.39	010			
42809	A		Remove pharynx foreign body	1.81	2.68	1.34	1.83	1.13	0.06	4.55	3.21	3.70	3.00	010			
42810	A		Excision of neck cyst	3.33	4.16	3.60	4.09	3.58	0.37	7.86	7.30	7.79	7.28	090			
42815	A		Excision of neck cyst	7.23	NA	NA	6.59	8.12	0.88	NA	NA	14.70	16.23	090			
42820	A		Remove tonsils and adenoids	3.91	NA	NA	2.45	3.18	0.25	NA	NA	6.61	7.34	090			
42821	A		Remove tonsils and adenoids	4.29	NA	NA	4.28	4.27	0.36	NA	NA	8.93	8.92	090			
42825	A		Removal of tonsils	3.42	NA	NA	3.70	3.08	0.26	NA	NA	7.38	6.76	090			
42826	A		Removal of tonsils	3.38	NA	NA	3.79	3.98	0.34	NA	NA	7.51	7.70	090			
42830	A		Removal of adenoids	2.57	NA	NA	2.77	2.21	0.21	NA	NA	5.55	4.99	090			
42831	A		Removal of adenoids	2.71	NA	NA	2.89	2.64	0.20	NA	NA	5.80	5.55	090			
42835	A		Removal of adenoids	2.30	NA	NA	2.80	2.22	0.08	NA	NA	5.18	4.60	090			
42836	A		Removal of adenoids	3.18	NA	NA	3.66	3.19	0.24	NA	NA	7.08	6.61	090			
42842	A		Extensive surgery of throat	8.76	NA	NA	7.80	7.40	0.57	NA	NA	17.13	16.73	090			
42844	A		Extensive surgery of throat	14.31	NA	NA	11.09	11.61	0.99	NA	NA	26.39	26.91	090			
42845	A		Extensive surgery of throat	24.29	NA	NA	17.79	19.61	1.74	NA	NA	43.82	45.64	090			
42860	A		Excision of tonsil tags	2.22	NA	NA	2.99	2.29	0.16	NA	NA	5.37	4.67	090			
42870	A		Excision of lingual tonsil	5.40	NA	NA	6.04	3.40	0.20	NA	NA	11.64	9.00	090			
42890	A		Partial removal of pharynx	12.94	NA	NA	11.14	10.11	0.81	NA	NA	24.89	23.86	090			
42892	A		Revision of pharyngeal walls	15.83	NA	NA	12.53	12.02	0.99	NA	NA	29.35	28.84	090			
42894	A		Revision of pharyngeal walls	22.88	NA	NA	17.04	17.33	1.43	NA	NA	41.35	41.64	090			
42900	A		Repair throat wound	5.25	NA	NA	4.48	4.59	0.38	NA	NA	10.11	10.22	010			
42950	A		Reconstruction of throat	8.10	NA	NA	7.48	9.12	0.86	NA	NA	16.44	18.08	090			
42953	A		Repair throat, esophagus	8.96	NA	NA	8.75	7.35	0.73	NA	NA	18.44	17.04	090			
42955	A		Surgical opening of throat	7.39	NA	NA	6.62	4.36	0.34	NA	NA	14.35	12.09	090			
42960	A		Control throat bleeding	2.33	NA	NA	2.49	1.50	0.09	NA	NA	4.91	3.92	010			
42961	A		Control throat bleeding	5.59	NA	NA	5.14</										

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## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	practice RVUs	expense RVUs	
43101	A		Excision of esophagus lesion	16.24	NA	NA	NA	NA	10.21	10.27	NA	NA	1.47	1.47	NA	NA	NA	NA	27.92	27.92	27.98	27.98	090
43107	A		Removal of esophagus	28.79	NA	NA	NA	NA	17.20	22.62	NA	NA	3.46	3.46	NA	NA	NA	NA	49.45	49.45	54.87	54.87	090
43108	A		Removal of esophagus	34.19	NA	NA	NA	NA	19.05	25.33	NA	NA	3.73	3.73	NA	NA	NA	NA	56.97	56.97	63.25	63.25	090
43112	A		Removal of esophagus	31.22	NA	NA	NA	NA	18.65	22.29	NA	NA	3.30	3.30	NA	NA	NA	NA	53.17	53.17	56.81	56.81	090
43113	A		Removal of esophagus	35.27	NA	NA	NA	NA	20.03	25.57	NA	NA	3.73	3.73	NA	NA	NA	NA	59.03	59.03	64.57	64.57	090
43116	A		Partial removal of esophagus	31.22	NA	NA	NA	NA	24.37	26.66	NA	NA	3.73	3.73	NA	NA	NA	NA	59.32	59.32	61.61	61.61	090
43117	A		Partial removal of esophagus	30.02	NA	NA	NA	NA	17.96	25.06	NA	NA	3.73	3.73	NA	NA	NA	NA	51.71	51.71	58.81	58.81	090
43118	A		Partial removal of esophagus	33.20	NA	NA	NA	NA	18.17	25.11	NA	NA	3.73	3.73	NA	NA	NA	NA	55.10	55.10	62.04	62.04	090
43121	A		Partial removal of esophagus	29.19	NA	NA	NA	NA	17.30	21.71	NA	NA	3.28	3.28	NA	NA	NA	NA	49.77	49.77	54.18	54.18	090
43122	A		Partial removal of esophagus	29.11	NA	NA	NA	NA	16.62	21.54	NA	NA	3.28	3.28	NA	NA	NA	NA	49.01	49.01	53.93	53.93	090
43123	A		Partial removal of esophagus	33.20	NA	NA	NA	NA	18.33	25.15	NA	NA	3.73	3.73	NA	NA	NA	NA	55.26	55.26	62.08	62.08	090
43124	A		Removal of esophagus	27.32	NA	NA	NA	NA	17.45	22.68	NA	NA	3.46	3.46	NA	NA	NA	NA	48.23	48.23	53.46	53.46	090
43130	A		Removal of esophagus pouch	11.75	NA	NA	NA	NA	10.67	11.23	NA	NA	1.25	1.25	NA	NA	NA	NA	23.67	23.67	24.23	24.23	090
43135	A		Removal of esophagus pouch	16.10	NA	NA	NA	NA	11.10	12.32	NA	NA	1.70	1.70	NA	NA	NA	NA	28.90	28.90	30.12	30.12	090
43200	A		Esophagus endoscopy	1.59	5.41	3.01	3.01	1.68	1.02	1.68	0.20	0.20	7.20	7.20	NA	NA	4.80	4.80	2.81	2.81	3.47	3.47	000
43202	A		Esophagus endoscopy, biopsy	1.89	4.50	3.09	3.09	1.93	0.95	1.93	0.24	0.24	6.63	6.63	NA	NA	5.22	5.22	3.08	3.08	4.06	4.06	000
43204	A		Esophagus endoscopy & inject	3.77	NA	NA	NA	3.74	1.44	3.74	0.28	0.28	NA	NA	NA	NA	NA	NA	5.49	5.49	7.79	7.79	000
43205	A		Esophagus endoscopy/ligation	3.79	NA	NA	NA	2.57	1.47	2.57	0.14	0.14	NA	NA	NA	NA	NA	NA	5.40	5.40	6.50	6.50	000
43215	A		Esophagus endoscopy	2.60	NA	NA	NA	2.61	1.13	2.61	0.36	0.36	NA	NA	NA	NA	NA	NA	4.09	4.09	5.57	5.57	000
43216	A		Esophagus endoscopy/lesion	2.40	NA	NA	NA	2.41	1.02	2.41	0.29	0.29	NA	NA	NA	NA	NA	NA	3.71	3.71	5.10	5.10	000
43217	A		Esophagus endoscopy	2.90	NA	NA	NA	2.89	1.16	2.89	0.27	0.27	NA	NA	NA	NA	NA	NA	4.35	4.35	6.08	6.08	000
43219	A		Esophagus endoscopy	2.80	NA	NA	NA	2.81	1.20	2.81	0.27	0.27	NA	NA	NA	NA	NA	NA	4.27	4.27	5.88	5.88	000
43220	A		Esophagus endoscopy,dilation	2.10	NA	NA	NA	2.11	0.92	2.11	0.21	0.21	NA	NA	NA	NA	NA	NA	3.23	3.23	4.42	4.42	000
43226	A		Esophagus endoscopy,dilation	2.34	NA	NA	NA	2.33	0.96	2.33	0.20	0.20	NA	NA	NA	NA	NA	NA	3.50	3.50	4.87	4.87	000
43227	A		Esophagus endoscopy, repair	3.60	NA	NA	NA	3.57	1.38	3.57	0.27	0.27	NA	NA	NA	NA	NA	NA	5.25	5.25	7.44	7.44	000
43228	A		Esophagus endoscopy,ablation	3.77	NA	NA	NA	3.75	1.49	3.75	0.30	0.30	NA	NA	NA	NA	NA	NA	5.56	5.56	7.82	7.82	000
43234	A		Upper GI endoscopy, exam	2.01	2.62	2.75	2.75	2.02	0.87	2.02	0.23	0.23	4.86	4.86	NA	NA	4.99	4.99	3.11	3.11	4.26	4.26	000
43235	A		Upper gi endoscopy,diagnosis	2.39	4.46	3.61	3.61	2.38	0.98	2.38	0.23	0.23	7.08	7.08	NA	NA	6.23	6.23	3.60	3.60	5.00	5.00	000
43239	A		Upper GI endoscopy, biopsy	2.69	4.49	3.92	3.92	2.68	1.08	2.68	0.26	0.26	7.44	7.44	NA	NA	6.87	6.87	4.03	4.03	5.63	5.63	000
43241	A		Upper GI endoscopy with tube	2.59	NA	NA	NA	2.58	1.03	2.58	0.30	0.30	NA	NA	NA	NA	NA	NA	3.92	3.92	5.47	5.47	000
43243	A		Upper GI endoscopy & inject.	4.57	NA	NA	NA	4.52	1.70	4.52	0.31	0.31	NA	NA	NA	NA	NA	NA	6.58	6.58	9.40	9.40	000
43244	A		Upper GI endoscopy/ligation	4.59	NA	NA	NA	3.26	1.71	3.26	0.32	0.32	NA	NA	NA	NA	NA	NA	6.62	6.62	8.17	8.17	000
43245	A		Operative upper GI endoscopy	3.39	NA	NA	NA	3.37	1.31	3.37	0.31	0.31	NA	NA	NA	NA	NA	NA	5.01	5.01	7.07	7.07	000
43246	A		Place gastrostomy tube	4.33	NA	NA	NA	4.28	1.61	4.28	0.40	0.40	NA	NA	NA	NA	NA	NA	6.34	6.34	9.01	9.01	000
43247	A		Operative upper GI endoscopy	3.39	NA	NA	NA	3.37	1.31	3.37	0.30	0.30	NA	NA	NA	NA	NA	NA	5.00	5.00	7.06	7.06	000
43248	A		Upper GI endoscopy/guidewire	3.15	NA	NA	NA	3.14	1.23	3.14	0.27	0.27	NA	NA	NA	NA	NA	NA	4.65	4.65	6.56	6.56	000
43249	A		Esophagus endoscopy,dilation	2.90	NA	NA	NA	2.88	1.15	2.88	0.23	0.23	NA	NA	NA	NA	NA	NA	4.28	4.28	6.01	6.01	000
43250	A		Upper GI endoscopy/tumor	3.20	NA	NA	NA	3.18	1.25	3.18	0.34	0.34	NA	NA	NA	NA	NA	NA	4.79	4.79	6.72	6.72	000
43251	A		Operative upper GI endoscopy	3.70	NA	NA	NA	3.67	1.42	3.67	0.34	0.34	NA	NA	NA	NA	NA	NA	5.46	5.46	7.71	7.71	000
43255	A		Operative upper GI endoscopy	4.40	NA	NA	NA	4.34	1.59	4.34	0.30	0.30	NA	NA	NA	NA	NA	NA	6.29	6.29	9.04	9.04	000

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CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non- facility			Transitional			Transitional			Facility			Global
					practice RVUs	expense RVUs	RVUs	practice RVUs	expense RVUs	RVUs	Non- facility Total	Non- facility Total	Facility Total	practice RVUs	expense RVUs	RVUs	
43258	A		Operative upper GI endoscopy	4.55	NA	NA	1.70	4.51			NA	NA	NA	6.55			000
43259	A		Endoscopic ultrasound exam	4.89	NA	NA	1.85	3.73			NA	NA	NA	7.01			000
43260	A		Endoscopy, bile duct/pancreas	5.96	NA	NA	2.17	5.41			NA	NA	NA	8.44			000
43261	A		Endoscopy, bile duct/pancreas	6.27	NA	NA	2.28	5.44			NA	NA	NA	8.86			000
43262	A		Endoscopy, bile duct/pancreas	7.39	NA	NA	2.67	7.28			NA	NA	NA	10.51			000
43263	A		Endoscopy, bile duct/pancreas	6.19	NA	NA	2.25	5.31			NA	NA	NA	8.74			000
43264	A		Endoscopy, bile duct/pancreas	8.90	NA	NA	3.17	8.05			NA	NA	NA	12.55			000
43265	A		Endoscopy, bile duct/pancreas	8.90	NA	NA	3.17	6.34			NA	NA	NA	12.45			000
43267	A		Endoscopy, bile duct/pancreas	7.39	NA	NA	2.65	6.69			NA	NA	NA	10.42			000
43268	A		Endoscopy, bile duct/pancreas	7.39	NA	NA	2.67	7.28			NA	NA	NA	10.50			000
43269	A		Endoscopy, bile duct/pancreas	6.04	NA	NA	2.20	5.96			NA	NA	NA	8.64			000
43271	A		Endoscopy, bile duct/pancreas	7.39	NA	NA	2.65	6.87			NA	NA	NA	10.43			000
43272	A		Endoscopy, bile duct/pancreas	7.39	NA	NA	2.63	5.22			NA	NA	NA	10.35			000
43300	A		Repair of esophagus	9.14	NA	NA	7.11	9.96			NA	NA	NA	17.58			090
43305	A		Repair esophagus and fistula	17.15	NA	NA	17.58	15.56			NA	NA	NA	36.12			090
43310	A		Repair of esophagus	25.39	NA	NA	16.86	18.05			NA	NA	NA	44.78			090
43312	A		Repair esophagus and fistula	28.42	NA	NA	22.45	16.78			NA	NA	NA	52.67			090
43320	A		Fuse esophagus & stomach	16.07	NA	NA	10.73	12.19			NA	NA	NA	28.40			090
43324	A		Revise esophagus & stomach	16.58	NA	NA	9.71	12.10			NA	NA	NA	28.27			090
43325	A		Revise esophagus & stomach	16.17	NA	NA	10.67	12.12			NA	NA	NA	28.63			090
43326	A		Revise esophagus & stomach	15.91	NA	NA	11.16	8.91			NA	NA	NA	28.44			090
43330	A		Repair of esophagus	15.94	NA	NA	10.38	11.84			NA	NA	NA	28.19			090
43331	A		Repair of esophagus	16.23	NA	NA	11.04	14.42			NA	NA	NA	29.34			090
43340	A		Fuse esophagus & intestine	15.81	NA	NA	11.35	12.96			NA	NA	NA	29.13			090
43341	A		Fuse esophagus & intestine	16.81	NA	NA	12.92	11.29			NA	NA	NA	30.95			090
43350	A		Surgical opening, esophagus	12.72	NA	NA	9.75	8.85			NA	NA	NA	23.37			090
43351	A		Surgical opening, esophagus	14.79	NA	NA	10.46	9.76			NA	NA	NA	26.45			090
43352	A		Surgical opening, esophagus	12.30	NA	NA	9.80	9.67			NA	NA	NA	23.25			090
43360	A		Gastrointestinal repair	28.78	NA	NA	15.74	21.32			NA	NA	NA	47.80			090
43361	A		Gastrointestinal repair	32.65	NA	NA	17.78	25.01			NA	NA	NA	54.16			090
43400	A		Ligate esophagus veins	17.09	NA	NA	10.64	11.47			NA	NA	NA	29.01			090
43401	A		Esophagus surgery for veins	17.81	NA	NA	11.89	10.78			NA	NA	NA	31.21			090
43405	A		Ligate/staple esophagus	16.13	NA	NA	10.57	14.31			NA	NA	NA	28.77			090
43410	A		Repair esophagus wound	10.86	NA	NA	8.87	9.46			NA	NA	NA	20.93			090
43415	A		Repair esophagus wound	17.06	NA	NA	11.09	13.15			NA	NA	NA	30.12			090
43420	A		Repair esophagus opening	11.57	NA	NA	9.21	7.09			NA	NA	NA	21.39			090
43425	A		Repair esophagus opening	16.95	NA	NA	10.58	10.74			NA	NA	NA	28.87			090
43450	A		Dilate esophagus	1.38	0.99	0.80	0.54	0.69			2.41	2.22	1.96	2.18			000
43453	A		Dilate esophagus	1.51	NA	NA	0.58	1.38			NA	NA	NA	2.18			000
43456	A		Dilate esophagus	2.57	NA	NA	0.95	2.25			NA	NA	NA	3.71			000



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility			Transitional			Transitional			Facility Total	Transitional Facility Total	Global
					practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Mal- practice RVUs	Non- facility Total	Non- facility Total	Facility Total	Facility Total			
43458	A		Dilation of esophagus	3.06	NA	NA	1.12	1.52	0.21	NA	NA	4.39	4.79	000		000
43460	A		Pressure treatment esophagus	3.80	NA	NA	1.81	1.81	0.12	NA	NA	5.73	5.73	000		000
43496	C		Free jejunum flap, microvasc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090		090
43499	C		Esophagus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY		YYY
43500	A		Surgical opening of stomach	8.44	NA	NA	4.55	6.13	0.94	NA	NA	13.93	15.51	090		090
43501	A		Surgical repair of stomach	15.31	NA	NA	7.60	8.88	1.43	NA	NA	24.34	25.62	090		090
43502	A		Surgical repair of stomach	17.67	NA	NA	8.48	9.10	1.43	NA	NA	27.58	28.20	090		090
43510	A		Surgical opening of stomach	9.99	NA	NA	6.18	8.30	0.74	NA	NA	16.91	19.03	090		090
43520	A		Incision of pyloric muscle	7.63	NA	NA	4.71	4.82	0.68	NA	NA	13.02	13.13	090		090
43600	A		Biopsy of stomach	1.91	NA	NA	0.81	0.61	0.04	NA	NA	2.76	2.56	000		000
43605	A		Biopsy of stomach	9.15	NA	NA	4.80	6.01	1.01	NA	NA	14.96	16.17	090		090
43610	A		Excision of stomach lesion	11.15	NA	NA	6.08	8.17	1.34	NA	NA	18.57	20.66	090		090
43611	A		Excision of stomach lesion	13.63	NA	NA	7.03	8.41	1.34	NA	NA	22.00	23.38	090		090
43620	A		Removal of stomach	22.54	NA	NA	11.36	15.36	2.50	NA	NA	36.40	40.40	090		090
43621	A		Removal of stomach	23.06	NA	NA	11.54	15.40	2.50	NA	NA	37.10	40.96	090		090
43622	A		Removal of stomach	24.41	NA	NA	12.14	15.55	2.50	NA	NA	39.05	42.46	090		090
43631	A		Removal of stomach, partial	19.66	NA	NA	9.60	12.51	2.08	NA	NA	31.34	34.25	090		090
43632	A		Removal of stomach, partial	19.66	NA	NA	9.64	12.52	2.08	NA	NA	31.38	34.26	090		090
43633	A		Removal of stomach, partial	20.10	NA	NA	10.01	12.61	2.08	NA	NA	32.19	34.79	090		090
43634	A		Removal of stomach, partial	21.86	NA	NA	10.89	19.68	3.58	NA	NA	36.33	45.12	090		090
43635	A		Partial removal of stomach	2.06	NA	NA	0.88	1.10	0.20	NA	NA	3.14	3.36	ZZZ		ZZZ
43638	A		Partial removal of stomach	21.76	NA	NA	10.40	12.98	2.14	NA	NA	34.30	36.88	090		090
43639	A		Removal of stomach, partial	22.25	NA	NA	10.74	13.07	2.14	NA	NA	35.13	37.46	090		090
43640	A		Vagotomy & pylorus repair	14.81	NA	NA	7.46	10.28	1.71	NA	NA	23.98	26.80	090		090
43641	A		Vagotomy & pylorus repair	15.03	NA	NA	7.48	10.29	1.71	NA	NA	24.22	27.03	090		090
43750	A		Place gastrostomy tube	4.49	NA	NA	2.41	4.14	0.44	NA	NA	7.34	9.07	010		010
43760	A		Change gastrostomy tube	1.10	0.97	0.81	0.54	0.70	0.07	2.14	1.98	1.71	1.87	000		000
43761	A		Reposition gastrostomy tube	2.01	NA	NA	0.64	1.02	0.20	NA	NA	2.85	3.23	000		000
43800	A		Reconstruction of pylorus	10.46	NA	NA	5.69	7.00	1.15	NA	NA	17.30	18.61	090		090
43810	A		Fusion of stomach and bowel	11.19	NA	NA	6.12	7.75	1.20	NA	NA	18.51	20.14	090		090
43820	A		Fusion of stomach and bowel	11.74	NA	NA	6.21	8.30	1.37	NA	NA	19.32	21.41	090		090
43825	A		Fusion of stomach and bowel	14.68	NA	NA	7.42	10.87	1.80	NA	NA	23.90	27.35	090		090
43830	A		Place gastrostomy tube	7.28	NA	NA	4.36	6.13	0.93	NA	NA	12.57	14.34	090		090
43831	A		Place gastrostomy tube	7.33	NA	NA	4.21	5.28	0.73	NA	NA	12.27	13.34	090		090
43832	A		Place gastrostomy tube	11.92	NA	NA	6.50	8.10	1.06	NA	NA	19.49	21.08	090		090
43840	A		Repair of stomach lesion	11.89	NA	NA	6.20	7.93	1.30	NA	NA	19.39	21.12	090		090
43842	A		Gastroplasty for obesity	14.71	NA	NA	8.86	13.38	2.29	NA	NA	25.86	30.38	090		090
43843	A		Gastroplasty for obesity	14.85	NA	NA	8.53	13.30	2.29	NA	NA	25.67	30.44	090		090
43846	A		Gastric bypass for obesity	19.15	NA	NA	10.88	14.77	2.58	NA	NA	32.61	36.50	090		090
43847	A		Gastric bypass for obesity	21.44	NA	NA	13.09	15.32	2.58	NA	NA	37.11	39.34	090		090

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global			
					RVUs	expense	RVUs	expense	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs		RVUs	Total	Total
43848	A		Revision gastropasty	23.41	NA	NA	13.37	15.39	2.58	NA	NA	39.36	41.38	090												
43850	A		Revise stomach-bowel fusion	19.69	NA	NA	9.33	11.81	1.76	NA	NA	30.78	33.26	090												
43855	A		Revise stomach-bowel fusion	20.83	NA	NA	10.46	11.11	1.78	NA	NA	33.07	33.72	090												
43860	A		Revise stomach-bowel fusion	19.91	NA	NA	9.60	11.73	1.96	NA	NA	31.47	33.60	090												
43865	A		Revise stomach-bowel fusion	21.12	NA	NA	10.15	13.44	2.33	NA	NA	33.60	36.89	090												
43870	A		Repair stomach opening	7.40	NA	NA	4.35	5.78	0.89	NA	NA	12.64	14.07	090												
43880	A		Repair stomach-bowel fistula	19.63	NA	NA	10.10	9.24	1.38	NA	NA	31.11	30.25	090												
43999	C		Stomach surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY												
44005	A		Freeing of bowel adhesion	13.84	NA	NA	7.01	8.50	1.37	NA	NA	22.22	23.71	090												
44010	A		Incision of small bowel	10.68	NA	NA	6.17	7.17	1.11	NA	NA	17.96	18.96	090												
44015	A		Insert needle catheter, bowel	2.62	NA	NA	1.06	2.61	0.35	NA	NA	4.03	5.58	ZZZ												
44020	A		Exploration of small bowel	11.93	NA	NA	6.24	7.92	1.29	NA	NA	19.46	21.14	090												
44021	A		Decompress small bowel	12.01	NA	NA	6.59	7.35	1.16	NA	NA	19.76	20.52	090												
44025	A		Incision of large bowel	12.18	NA	NA	6.19	7.85	1.26	NA	NA	19.63	21.29	090												
44050	A		Reduce bowel obstruction	11.40	NA	NA	6.01	7.83	1.28	NA	NA	18.69	20.51	090												
44055	A		Correct malrotation of bowel	13.14	NA	NA	6.76	7.92	1.25	NA	NA	21.15	22.31	090												
44100	A		Biopsy of bowel	2.01	NA	NA	0.88	1.35	0.10	NA	NA	2.99	3.46	000												
44110	A		Excision of bowel lesion(s)	10.07	NA	NA	5.64	7.65	1.24	NA	NA	16.95	18.96	090												
44111	A		Excision of bowel lesion(s)	12.19	NA	NA	7.00	9.62	1.67	NA	NA	20.86	23.48	090												
44120	A		Removal of small intestine	14.50	NA	NA	7.31	9.53	1.58	NA	NA	23.39	25.61	090												
44121	A		Removal of small intestine	4.45	NA	NA	1.96	2.38	0.42	NA	NA	6.83	7.25	ZZZ												
44125	A		Removal of small intestine	14.96	NA	NA	7.52	10.63	1.78	NA	NA	24.26	27.37	090												
44130	A		Bowel to bowel fusion	12.36	NA	NA	6.50	8.68	1.46	NA	NA	20.32	22.50	090												
44139	A		Mobilization of colon	2.23	NA	NA	0.97	1.20	0.21	NA	NA	3.41	3.64	ZZZ												
44140	A		Partial removal of colon	18.35	NA	NA	9.05	11.52	1.88	NA	NA	29.28	31.75	090												
44141	A		Partial removal of colon	19.51	NA	NA	12.26	12.72	1.99	NA	NA	33.76	34.22	090												
44143	A		Partial removal of colon	20.17	NA	NA	12.64	13.14	2.05	NA	NA	34.86	35.36	090												
44144	A		Partial removal of colon	18.89	NA	NA	11.38	12.66	1.98	NA	NA	32.25	33.53	090												
44145	A		Partial removal of colon	23.18	NA	NA	11.60	13.69	2.17	NA	NA	36.95	39.04	090												
44146	A		Partial removal of colon	24.16	NA	NA	14.25	15.76	2.46	NA	NA	40.87	42.38	090												
44147	A		Partial removal of colon	18.17	NA	NA	9.82	14.94	2.58	NA	NA	30.57	35.69	090												
44150	A		Removal of colon	21.01	NA	NA	12.97	15.33	2.48	NA	NA	36.46	38.82	090												
44151	A		Removal of colon/ileostomy	20.04	NA	NA	13.40	11.66	1.74	NA	NA	35.18	33.44	090												
44152	A		Removal of colon/ileostomy	24.41	NA	NA	16.00	16.57	2.63	NA	NA	43.04	43.61	090												
44153	A		Removal of colon/ileostomy	26.83	NA	NA	15.96	19.74	2.84	NA	NA	45.63	49.41	090												
44155	A		Removal of colon	24.44	NA	NA	14.25	17.12	2.74	NA	NA	41.43	44.30	090												
44156	A		Removal of colon/ileostomy	23.01	NA	NA	14.57	12.92	1.97	NA	NA	39.55	37.90	090												
44160	A		Removal of colon	15.88	NA	NA	8.08	12.15	2.10	NA	NA	26.06	30.13	090												
44300	A		Open bowel to skin	8.88	NA	NA	5.71	6.33	1.01	NA	NA	15.60	16.22	090												
44310	A		Ileostomy/jejunostomy	11.70	NA	NA	8.35	8.50	1.30	NA	NA	21.35	21.50	090												

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Facility		Non-facility		Facility		Mal- practice		Non- facility		Transitioned		Facility		Transitioned Facility Total	Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs				
44312	A		Revision of ileostomy	5.88	NA	NA	4.39	3.60	0.35	NA	NA	NA	NA	NA	10.62	9.83	090		090	
44314	A		Revision of ileostomy	11.04	NA	NA	8.68	7.61	0.95	NA	NA	NA	NA	NA	20.67	19.60	090		090	
44316	A		Devise bowel pouch	15.47	NA	NA	12.02	10.85	1.12	NA	NA	NA	NA	NA	28.61	27.44	090		090	
44320	A		Colostomy	12.94	NA	NA	9.79	8.52	1.23	NA	NA	NA	NA	NA	23.96	22.69	090		090	
44322	A		Colostomy with biopsies	11.98	NA	NA	9.82	9.84	1.47	NA	NA	NA	NA	NA	23.27	23.29	090		090	
44340	A		Revision of colostomy	5.66	NA	NA	4.07	2.38	0.27	NA	NA	NA	NA	NA	10.00	8.31	090		090	
44345	A		Revision of colostomy	11.32	NA	NA	7.28	5.76	0.81	NA	NA	NA	NA	NA	19.41	17.89	090		090	
44346	A		Revision of colostomy	12.46	NA	NA	7.79	7.36	1.08	NA	NA	NA	NA	NA	21.33	20.90	090		090	
44360	A		Small bowel endoscopy	2.92	NA	NA	1.20	2.91	0.25	NA	NA	NA	NA	NA	4.37	6.08	000		000	
44361	A		Small bowel endoscopy,biopsy	3.23	NA	NA	1.29	3.21	0.27	NA	NA	NA	NA	NA	4.79	6.71	000		000	
44363	A		Small bowel endoscopy	3.94	NA	NA	1.52	2.81	0.28	NA	NA	NA	NA	NA	5.74	7.03	000		000	
44364	A		Small bowel endoscopy	4.22	NA	NA	1.66	4.20	0.56	NA	NA	NA	NA	NA	6.44	8.98	000		000	
44365	A		Small bowel endoscopy	3.73	NA	NA	1.50	3.71	0.56	NA	NA	NA	NA	NA	5.79	8.00	000		000	
44366	A		Small bowel endoscopy	4.97	NA	NA	1.89	4.93	0.35	NA	NA	NA	NA	NA	7.21	10.25	000		000	
44369	A		Small bowel endoscopy	5.09	NA	NA	1.94	5.05	0.39	NA	NA	NA	NA	NA	7.42	10.53	000		000	
44372	A		Small bowel endoscopy	4.97	NA	NA	1.93	4.94	0.52	NA	NA	NA	NA	NA	7.42	10.43	000		000	
44373	A		Small bowel endoscopy	3.94	NA	NA	1.55	3.91	0.39	NA	NA	NA	NA	NA	5.88	8.24	000		000	
44376	A		Small bowel endoscopy	5.69	NA	NA	2.15	3.84	0.20	NA	NA	NA	NA	NA	8.04	9.73	000		000	
44377	A		Small bowel endoscopy	5.98	NA	NA	2.24	4.03	0.22	NA	NA	NA	NA	NA	8.44	10.23	000		000	
44378	A		Small bowel endoscopy	7.71	NA	NA	2.85	5.00	0.27	NA	NA	NA	NA	NA	10.83	12.98	000		000	
44380	A		Small bowel endoscopy	1.51	NA	NA	0.71	1.53	0.17	NA	NA	NA	NA	NA	2.39	3.21	000		000	
44382	A		Small bowel endoscopy	1.82	NA	NA	0.83	1.84	0.23	NA	NA	NA	NA	NA	2.88	3.89	000		000	
44385	A		Endoscopy of bowel pouch	1.82	3.13	2.68	0.92	1.86	0.27	5.22	4.77	5.22	4.77	3.01	3.95	3.95	000		000	
44386	A		Endoscopy, bowel pouch,biopsy	2.12	4.46	2.37	1.03	1.51	0.12	6.70	4.61	6.70	4.61	3.27	3.75	3.75	000		000	
44388	A		Colon endoscopy	2.82	4.16	3.98	1.33	2.85	0.39	7.37	7.19	7.37	7.19	4.54	6.06	6.06	000		000	
44389	A		Colonoscopy with biopsy	3.13	4.59	4.40	1.45	3.16	0.35	8.07	7.88	8.07	7.88	4.93	6.64	6.64	000		000	
44390	A		Colonoscopy for foreign body	3.83	3.62	3.04	1.69	2.56	0.22	7.67	7.09	7.67	7.09	5.74	6.61	6.61	000		000	
44391	A		Colonoscopy for bleeding	4.32	3.01	5.04	1.83	4.32	0.41	7.74	9.77	7.74	9.77	6.56	9.05	9.05	000		000	
44392	A		Colonoscopy & polypectomy	3.82	4.83	5.41	1.69	3.84	0.55	9.20	9.78	9.20	9.78	6.06	8.21	8.21	000		000	
44393	A		Colonoscopy, lesion removal	4.84	4.73	5.59	2.04	4.84	0.55	10.12	10.98	10.12	10.98	7.43	10.23	10.23	000		000	
44394	A		Colonoscopy w/snare	4.43	4.97	5.44	1.92	4.45	0.55	9.95	10.42	9.95	10.42	6.90	9.43	9.43	000		000	
444500	A		Intro, gastrointestinal tube	0.49	NA	NA	0.25	0.36	0.02	NA	NA	NA	NA	NA	0.76	0.87	000		000	
44602	A		Suture, small intestine	10.61	NA	NA	5.88	7.70	1.27	NA	NA	NA	NA	NA	17.76	19.58	090		090	
44603	A		Suture, small intestine	14.00	NA	NA	7.44	9.26	1.53	NA	NA	NA	NA	NA	22.97	24.79	090		090	
44604	A		Suture, large intestine	14.28	NA	NA	7.56	8.30	1.31	NA	NA	NA	NA	NA	23.15	23.89	090		090	
44605	A		Repair of bowel lesion	15.37	NA	NA	8.19	9.68	1.58	NA	NA	NA	NA	NA	25.14	26.63	090		090	
44615	A		Intestinal stricturoplasty	14.19	NA	NA	7.54	7.37	1.23	NA	NA	NA	NA	NA	22.96	22.79	090		090	
44620	A		Repair bowel opening	10.87	NA	NA	5.85	6.32	0.99	NA	NA	NA	NA	NA	17.71	18.18	090		090	
44625	A		Repair bowel opening	13.41	NA	NA	6.89	9.52	1.59	NA	NA	NA	NA	NA	21.89	24.52	090		090	
44626	A		Repair bowel opening	22.59	NA	NA	10.31	11.83	1.88	NA	NA	NA	NA	NA	34.78	36.30	090		090	

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non-facility		Facility		Transitioned		Non-facility		Facility		Transitioned		Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
44640	A		Repair bowel-skin fistula	14.83	NA	NA	8.14	7.36	1.06	NA	NA	NA	24.03	23.25	NA	NA	24.03	23.25	090
44650	A		Repair bowel fistula	15.25	NA	NA	8.36	8.05	1.14	NA	NA	NA	24.75	24.44	NA	NA	24.75	24.44	090
44660	A		Repair bowel-bladder fistula	14.63	NA	NA	7.99	8.79	0.95	NA	NA	NA	23.57	24.37	NA	NA	23.57	24.37	090
44661	A		Repair bowel-bladder fistula	16.99	NA	NA	8.86	13.56	1.97	NA	NA	NA	27.82	32.52	NA	NA	27.82	32.52	090
44680	A		Surgical revision, intestine	13.72	NA	NA	7.68	9.83	1.67	NA	NA	NA	23.07	25.22	NA	NA	23.07	25.22	090
44700	A		Suspend bowel w/prosthesis	14.35	NA	NA	7.99	11.25	1.88	NA	NA	NA	24.22	27.48	NA	NA	24.22	27.48	090
44799	C		Intestine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44800	A		Excision of bowel pouch	11.23	NA	NA	5.86	5.73	0.84	NA	NA	NA	17.93	17.80	NA	NA	17.93	17.80	090
44820	A		Excision of mesentery lesion	10.31	NA	NA	5.57	6.11	0.95	NA	NA	NA	16.83	17.37	NA	NA	16.83	17.37	090
44850	A		Repair of mesentery	9.57	NA	NA	5.45	5.92	0.92	NA	NA	NA	15.94	16.41	NA	NA	15.94	16.41	090
44899	C		Bowel surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44900	A		Drain, app abscess, open	8.82	NA	NA	5.44	4.84	0.69	NA	NA	NA	14.95	14.35	NA	NA	14.95	14.35	090
44901	A		Drain, app abscess, perc	3.38	NA	NA	3.46	2.95	0.23	NA	NA	NA	7.07	6.56	NA	NA	7.07	6.56	000
44950	A		Appendectomy	8.70	NA	NA	4.61	5.14	0.79	NA	NA	NA	14.10	14.63	NA	NA	14.10	14.63	090
44955	A		Appendectomy add-on	1.53	NA	NA	0.67	1.53	0.47	NA	NA	NA	2.67	3.53	NA	NA	2.67	3.53	ZZZ
44960	A		Appendectomy	10.74	NA	NA	5.95	6.28	0.97	NA	NA	NA	17.66	17.99	NA	NA	17.66	17.99	090
45000	A		Drainage of pelvic abscess	4.52	NA	NA	3.52	2.18	0.19	NA	NA	NA	8.23	6.89	NA	NA	8.23	6.89	090
45005	A		Drainage of rectal abscess	1.99	3.51	1.93	1.36	1.39	0.16	5.66	5.66	4.08	3.51	3.54	0.10	0.10	3.51	3.54	010
45020	A		Drainage of rectal abscess	4.72	NA	NA	3.37	2.97	0.40	NA	NA	NA	8.49	8.09	NA	NA	8.49	8.09	090
45100	A		Biopsy of rectum	3.68	3.95	2.52	1.95	2.02	0.27	7.90	7.90	6.47	5.90	5.97	0.90	0.90	5.90	5.97	090
45108	A		Removal of anorectal lesion	4.76	5.06	3.43	2.65	2.83	0.41	10.23	10.23	8.60	7.82	8.00	0.90	0.90	7.82	8.00	090
45110	A		Removal of rectum	23.80	NA	NA	11.99	16.28	2.68	NA	NA	NA	38.47	42.76	NA	NA	38.47	42.76	090
45111	A		Partial removal of rectum	16.48	NA	NA	9.18	11.87	1.95	NA	NA	NA	27.61	30.30	NA	NA	27.61	30.30	090
45112	A		Removal of rectum	25.96	NA	NA	12.74	16.26	2.63	NA	NA	NA	41.33	44.85	NA	NA	41.33	44.85	090
45113	A		Partial proctectomy	25.99	NA	NA	12.23	16.13	2.63	NA	NA	NA	40.85	44.75	NA	NA	40.85	44.75	090
45114	A		Partial removal of rectum	23.22	NA	NA	11.81	15.48	2.53	NA	NA	NA	37.56	41.23	NA	NA	37.56	41.23	090
45116	A		Partial removal of rectum	20.89	NA	NA	10.32	11.35	1.83	NA	NA	NA	33.04	34.07	NA	NA	33.04	34.07	090
45119	A		Remove, rectum w/reservoir	26.21	NA	NA	12.83	16.28	2.63	NA	NA	NA	41.67	45.12	NA	NA	41.67	45.12	090
45120	A		Removal of rectum	24.60	NA	NA	12.33	16.43	2.77	NA	NA	NA	39.70	43.80	NA	NA	39.70	43.80	090
45121	A		Removal of rectum and colon	27.04	NA	NA	13.46	12.15	1.57	NA	NA	NA	42.07	40.76	NA	NA	42.07	40.76	090
45123	A		Partial proctectomy	14.20	NA	NA	7.75	11.52	1.95	NA	NA	NA	23.90	27.67	NA	NA	23.90	27.67	090
45126	A		Pelvic exenteration	38.39	13.90	13.90	13.63	13.63	4.81	57.10	57.10	57.10	56.83	56.83	0.90	0.90	56.83	56.83	090
45130	A		Excision of rectal prolapse	13.97	NA	NA	7.09	9.03	1.40	NA	NA	NA	22.46	24.40	NA	NA	22.46	24.40	090
45135	A		Excision of rectal prolapse	16.39	NA	NA	8.42	15.09	2.74	NA	NA	NA	27.55	34.22	NA	NA	27.55	34.22	090
45150	A		Excision of rectal stricture	5.67	4.49	3.88	2.88	3.47	0.49	10.65	10.65	10.04	9.04	9.63	0.90	0.90	9.04	9.63	090
45160	A		Excision of rectal lesion	13.02	NA	NA	6.77	7.77	1.22	NA	NA	NA	21.01	22.01	NA	NA	21.01	22.01	090
45170	A		Excision of rectal lesion	9.77	NA	NA	4.95	5.00	0.75	NA	NA	NA	15.47	15.52	NA	NA	15.47	15.52	090
45190	A		Destruction, rectal tumor	8.28	NA	NA	4.33	5.22	0.83	NA	NA	NA	13.44	14.33	NA	NA	13.44	14.33	090
45300	A		Proctosigmoidoscopy	0.70	3.32	1.28	0.30	0.30	0.05	4.07	4.07	2.03	1.05	1.05	0.00	0.00	1.05	1.05	000
45303	A		Proctosigmoidoscopy	0.80	4.30	1.59	0.34	0.35	0.09	5.19	5.19	2.48	1.23	1.24	0.00	0.00	1.23	1.24	000



## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician	Non-	Transitioned	Facility	Transitioned	Mal-	Non-	Transitioned	Facility	Transitioned	Global																																																																																																																																																																																																																
				work RVUs <sup>3</sup>	facility practice expense RVUs	Non-facility practice expense RVUs	practice expense RVUs	practice RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs		Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility 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RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs

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3 \*Indicates RVUs are not used for Medicare payment.



# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non-facility		Transitional		Facility		Mal- practice RVUs		Non-facility		Transitional		Facility		Transitional Facility Total	Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs		
45910	A		Dilation of rectal narrowing	1.96	2.74	1.39	0.94	0.94	0.94	0.94	0.10	0.10	4.80	4.80	3.45	3.45	3.00	3.00	3.00	010
45915	A		Remove rectal obstruction	2.20	3.22	1.44	1.09	0.91	0.91	0.91	0.07	0.07	5.49	5.49	3.71	3.71	3.36	3.36	3.18	010
45999	C		Rectum surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
46030	A		Removal of rectal marker	1.23	1.85	0.79	1.06	0.59	0.59	0.59	0.05	0.05	3.13	3.13	2.07	2.07	2.34	2.34	1.87	010
46040	A		Incision of rectal abscess	4.96	4.11	2.40	2.74	2.06	2.06	2.06	0.27	0.27	9.34	9.34	7.63	7.63	7.09	7.09	7.29	090
46045	A		Incision of rectal abscess	4.32	3.88	2.40	2.47	2.13	2.13	2.13	0.30	0.30	NA	NA	NA	NA	7.09	7.09	6.75	090
46050	A		Incision of anal abscess	1.19	2.53	1.12	1.06	0.51	0.51	0.51	0.09	0.09	3.81	3.81	2.40	2.40	2.34	2.34	1.79	010
46060	A		Incision of rectal abscess	5.69	NA	NA	3.24	5.17	5.17	5.17	0.88	0.88	NA	NA	NA	NA	9.81	9.81	11.74	090
46070	A		Incision of anal septum	2.71	NA	NA	2.41	1.72	1.72	1.72	0.26	0.26	NA	NA	NA	NA	5.38	5.38	4.69	090
46080	A		Incision of anal sphincter	2.49	2.40	2.33	1.52	2.11	2.11	2.11	0.34	0.34	5.23	5.23	5.16	5.16	4.35	4.35	4.94	010
46083	A		Incise external hemorrhoid	1.40	3.59	1.41	1.13	0.54	0.54	0.54	0.06	0.06	5.05	5.05	2.87	2.87	2.59	2.59	2.00	010
46200	A		Removal of anal fissure	3.42	2.77	3.37	2.09	3.20	3.20	3.20	0.52	0.52	6.71	6.71	7.31	7.31	6.03	6.03	7.14	090
46210	A		Removal of anal crypt	2.67	3.88	1.60	1.89	1.10	1.10	1.10	0.11	0.11	6.66	6.66	4.38	4.38	4.67	4.67	3.88	090
46211	A		Removal of anal crypts	4.25	4.42	2.65	2.85	2.26	2.26	2.26	0.30	0.30	8.97	8.97	7.20	7.20	7.40	7.40	6.81	090
46220	A		Removal of anal tab	1.56	1.09	0.78	0.58	0.66	0.66	0.66	0.09	0.09	2.74	2.74	2.43	2.43	2.23	2.23	2.31	010
46221	A		Ligation of hemorrhoid(s)	1.43	2.10	1.07	0.53	0.40	0.40	0.40	0.11	0.11	3.64	3.64	2.61	2.61	2.07	2.07	1.94	010
46230	A		Removal of anal tabs	2.57	3.33	1.51	1.57	0.73	0.73	0.73	0.09	0.09	5.99	5.99	4.17	4.17	4.23	4.23	3.39	010
46250	A		Hemorrhoidectomy	4.53	4.25	3.37	2.59	2.96	2.96	2.96	0.41	0.41	9.19	9.19	8.31	8.31	7.53	7.53	7.90	090
46255	A		Hemorrhoidectomy	5.36	4.51	4.97	2.93	4.57	4.57	4.57	0.66	0.66	10.53	10.53	10.99	10.99	8.95	8.95	10.59	090
46257	A		Remove hemorrhoids & fissure	6.28	NA	NA	3.24	5.07	5.07	5.07	0.84	0.84	NA	NA	NA	NA	10.36	10.36	12.19	090
46258	A		Remove hemorrhoids & fistula	6.67	NA	NA	3.45	5.64	5.64	5.64	0.95	0.95	NA	NA	NA	NA	11.07	11.07	13.26	090
46260	A		Hemorrhoidectomy	7.42	NA	NA	3.89	5.92	5.92	5.92	0.98	0.98	NA	NA	NA	NA	12.29	12.29	14.32	090
46261	A		Remove hemorrhoids & fissure	8.24	NA	NA	4.13	6.42	6.42	6.42	1.05	1.05	NA	NA	NA	NA	13.42	13.42	15.71	090
46262	A		Remove hemorrhoids & fistula	8.73	NA	NA	4.44	6.58	6.58	6.58	1.09	1.09	NA	NA	NA	NA	14.26	14.26	16.40	090
46270	A		Removal of anal fistula	3.72	3.75	2.46	2.25	2.09	2.09	2.09	0.29	0.29	7.76	7.76	6.47	6.47	6.26	6.26	6.10	090
46275	A		Removal of anal fistula	4.56	3.66	5.00	2.53	4.72	4.72	4.72	0.88	0.88	9.10	9.10	10.44	10.44	7.97	7.97	10.16	090
46280	A		Removal of anal fistula	5.98	NA	NA	3.35	5.79	5.79	5.79	0.97	0.97	NA	NA	NA	NA	10.30	10.30	12.74	090
46285	A		Removal of anal fistula	4.09	3.16	2.64	2.32	2.43	2.43	2.43	0.34	0.34	7.59	7.59	7.07	7.07	6.75	6.75	6.86	090
46288	A		Repair anal fistula	7.13	NA	NA	3.87	3.87	3.87	3.87	0.65	0.65	NA	NA	NA	NA	11.65	11.65	11.65	090
46320	A		Removal of hemorrhoid clot	1.61	2.87	1.29	1.19	0.58	0.58	0.58	0.09	0.09	4.57	4.57	2.99	2.99	2.89	2.89	2.28	010
46500	A		Injection into hemorrhoids	1.61	1.81	0.72	0.58	0.28	0.28	0.28	0.05	0.05	3.47	3.47	2.38	2.38	2.24	2.24	1.94	010
46600	A		Diagnostic anoscopy	0.50	0.66	0.39	0.14	0.15	0.15	0.15	0.02	0.02	1.18	1.18	0.91	0.91	0.66	0.66	0.67	000
46604	A		Anoscopy and dilation	1.31	0.82	0.51	0.48	0.28	0.28	0.28	0.05	0.05	2.18	2.18	1.87	1.87	1.84	1.84	1.64	000
46606	A		Anoscopy and biopsy	0.81	0.73	0.48	0.30	0.23	0.23	0.23	0.05	0.05	1.59	1.59	1.34	1.34	1.16	1.16	1.09	000
46608	A		Anoscopy; remove foreign body	1.51	1.56	1.26	0.46	0.99	0.99	0.99	0.09	0.09	3.16	3.16	2.86	2.86	2.06	2.06	2.59	000
46610	A		Anoscopy; remove lesion	1.32	1.01	1.01	0.49	0.81	0.81	0.81	0.12	0.12	2.71	2.71	2.45	2.45	1.93	1.93	2.25	000
46611	A		Anoscopy	1.81	1.63	1.10	0.66	0.51	0.51	0.51	0.12	0.12	3.56	3.56	3.03	3.03	2.59	2.59	2.44	000
46612	A		Anoscopy; remove lesions	2.34	1.78	1.58	0.85	1.35	1.35	1.35	0.16	0.16	4.28	4.28	4.08	4.08	3.35	3.35	3.85	000
46614	A		Anoscopy; control bleeding	2.01	1.38	1.61	0.70	0.81	0.81	0.81	0.20	0.20	3.59	3.59	3.82	3.82	2.91	2.91	3.02	000
46615	A		Anoscopy	2.68	1.67	1.68	0.99	0.88	0.88	0.88	0.20	0.20	4.55	4.55	4.56	4.56	3.87	3.87	3.76	000

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## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non- facility		Transitioned Non-facility		Facility		Mal- practice RVUs		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
46700	A		Repair of anal stricture	7.25	NA	NA	NA	NA	3.78	5.94	0.97	NA	NA	NA	12.00	14.16	NA	NA	090
46705	A		Repair of anal stricture	7.17	NA	NA	NA	NA	4.80	4.13	0.60	NA	NA	NA	12.57	11.90	NA	NA	090
46715	A		Repair of anovaginal fistula	7.46	NA	NA	NA	NA	4.42	3.96	0.64	NA	NA	NA	12.52	12.06	NA	NA	090
46716	A		Repair of anovaginal fistula	12.15	NA	NA	NA	NA	6.61	6.58	1.10	NA	NA	NA	19.86	19.83	NA	NA	090
46730	A		Construction of absent anus	21.57	NA	NA	NA	NA	11.22	11.55	1.96	NA	NA	NA	34.75	35.08	NA	NA	090
46735	A		Construction of absent anus	25.94	NA	NA	NA	NA	14.58	14.26	2.38	NA	NA	NA	42.90	42.58	NA	NA	090
46740	A		Construction of absent anus	23.11	NA	NA	NA	NA	11.06	12.16	2.10	NA	NA	NA	36.27	37.37	NA	NA	090
46742	A		Repair, imperforated anus	29.67	NA	NA	NA	NA	16.14	20.11	1.51	NA	NA	NA	47.32	51.29	NA	NA	090
46744	A		Repair, cloacal anomaly	33.21	NA	NA	NA	NA	17.84	22.51	1.70	NA	NA	NA	52.75	57.42	NA	NA	090
46746	A		Repair, cloacal anomaly	36.74	NA	NA	NA	NA	18.80	24.45	1.85	NA	NA	NA	57.39	63.04	NA	NA	090
46748	A		Repair, cloacal anomaly	40.52	NA	NA	NA	NA	19.20	26.80	2.07	NA	NA	NA	61.79	69.39	NA	NA	090
46750	A		Repair of anal sphincter	8.14	NA	NA	NA	NA	4.71	6.06	0.95	NA	NA	NA	13.80	15.15	NA	NA	090
46751	A		Repair of anal sphincter	8.56	NA	NA	NA	NA	5.51	4.69	0.74	NA	NA	NA	14.81	13.99	NA	NA	090
46753	A		Reconstruction of anus	6.58	NA	NA	NA	NA	3.32	4.81	0.80	NA	NA	NA	10.70	12.19	NA	NA	090
46754	A		Removal of suture from anus	1.54	3.77	2.15	0.95	0.77	1.03	1.47	0.23	5.54	3.92	2.80	3.24	2.31	0.10	0.10	010
46760	A		Repair of anal sphincter	11.46	NA	NA	NA	NA	6.57	7.18	1.10	NA	NA	NA	19.13	19.74	NA	NA	090
46761	A		Repair of anal sphincter	10.99	NA	NA	NA	NA	5.64	6.97	1.06	NA	NA	NA	17.69	19.02	NA	NA	090
46762	A		Implant artificial sphincter	10.09	NA	NA	NA	NA	5.02	5.91	0.95	NA	NA	NA	16.06	16.95	NA	NA	090
46900	A		Destruction, anal lesion(s)	1.91	2.55	1.17	0.95	0.77	1.36	0.60	0.05	4.51	2.91	2.73	2.31	2.31	0.10	0.10	010
46910	A		Destruction, anal lesion(s)	1.86	2.61	1.17	1.17	1.36	1.48	0.65	0.05	4.39	3.08	3.28	2.52	2.56	0.10	0.10	010
46916	A		Cryosurgery, anal lesion(s)	1.86	3.32	2.41	1.17	1.48	1.40	1.15	0.24	5.42	4.51	3.50	3.25	3.25	0.10	0.10	010
46917	A		Laser surgery, anal lesion(s)	1.86	2.88	1.76	1.76	1.38	1.39	1.39	0.18	4.92	3.80	3.42	3.43	3.43	0.10	0.10	010
46922	A		Excision of anal lesion(s)	1.86	3.78	3.03	2.07	2.81	1.76	2.53	0.36	6.90	6.15	4.88	5.65	5.65	0.10	0.10	010
46924	A		Destruction, anal lesion(s)	2.76	4.14	2.00	2.00	2.81	2.81	1.19	0.13	8.35	6.21	7.02	5.40	5.40	0.10	0.10	090
46934	A		Destruction of hemorrhoids	4.08	2.99	2.07	2.07	2.81	2.81	1.64	0.17	5.59	4.67	3.48	3.48	3.48	0.10	0.10	010
46935	A		Destruction of hemorrhoids	2.43	3.77	2.81	2.81	2.81	2.81	1.64	0.19	8.26	7.30	7.30	6.13	6.13	0.10	0.10	090
46936	A		Destruction of hemorrhoids	4.30	3.14	2.70	2.70	1.56	1.56	2.30	0.35	6.18	5.74	4.60	5.34	5.34	0.10	0.10	010
46937	A		Cryotherapy of rectal lesion	2.69	3.24	2.84	2.84	2.92	2.92	2.76	0.41	8.31	7.91	7.99	7.83	7.83	0.10	0.10	090
46938	A		Cryotherapy of rectal lesion	4.66	2.23	0.97	0.97	0.84	0.84	0.42	0.07	4.62	3.36	3.23	2.81	2.81	0.10	0.10	010
46940	A		Treatment of anal fissure	2.04	1.82	0.83	0.83	0.71	0.71	0.37	0.06	3.92	2.93	2.81	2.47	2.47	0.10	0.10	010
46942	A		Treatment of anal fissure	2.14	2.91	1.24	1.24	1.70	1.70	0.68	0.09	5.14	3.47	3.93	2.91	2.91	0.10	0.10	090
46945	A		Ligation of hemorrhoids	3.00	3.46	1.63	1.63	2.06	2.06	0.90	0.13	6.59	4.76	5.19	4.03	4.03	0.10	0.10	090
46946	A		Ligation of hemorrhoids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
46999	C		Anus surgery procedure	1.90	7.16	2.93	2.93	1.15	1.15	1.43	0.10	9.16	4.93	3.15	3.43	3.43	0.00	0.00	000
47000	A		Needle biopsy of liver	1.90	NA	NA	NA	0.82	1.35	1.35	0.10	NA	NA	2.82	3.35	3.35	0.00	0.00	ZZZ
47001	A		Needle biopsy, liver add-on	10.28	NA	NA	NA	7.89	7.47	7.47	0.88	NA	NA	19.05	18.63	18.63	0.00	0.00	090
47010	A		Open drainage, liver lesion	3.70	NA	NA	NA	5.97	3.77	3.77	0.26	NA	NA	9.93	7.73	7.73	0.00	0.00	090
47011	A		Percut drain, liver lesion	9.70	NA	NA	NA	6.35	7.09	7.09	0.88	NA	NA	16.93	17.67	17.67	0.00	0.00	090
47015	A		Inject/aspirate liver cyst	7.49	NA	NA	NA	4.89	3.90	3.90	0.52	NA	NA	12.90	11.91	11.91	0.00	0.00	090
47100	A		Wedge biopsy of liver																

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3 -Indicates RVUs are not used for Medicare payment.



CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs 3	Non- facility			Transitioned			Mal- practice			Non- facility			Transitioned			Facility Total	Transitioned Facility Total	Global
					Non- facility practice expense RVUs	Non- facility practice expense RVUs	Non- facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Non- facility practice expense RVUs	Non- facility practice expense RVUs	Non- facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Non- facility practice expense RVUs	Non- facility practice expense RVUs					
47120	A	A	Partial removal of liver	22.79	NA	NA	12.75	12.95	1.94	NA	NA	37.48	37.68	090								
47122	A	A	Extensive removal of liver	35.39	NA	NA	18.93	19.04	2.81	NA	NA	57.13	57.24	090								
47125	A	A	Partial removal of liver	31.58	NA	NA	16.71	18.37	2.82	NA	NA	51.11	52.77	090								
47130	A	A	Partial removal of liver	34.25	NA	NA	17.67	20.04	3.04	NA	NA	54.96	57.33	090								
47133	X	X	Removal of donor liver	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX								
47134	R	R	Partial removal, donor liver	39.15	NA	NA	17.41	21.03	3.73	NA	NA	60.29	63.91	XXX								
47135	R	R	Transplantation of liver	81.52	NA	NA	43.66	55.26	6.64	NA	NA	131.82	143.42	090								
47136	R	R	Transplantation of liver	68.60	NA	NA	46.15	38.81	6.09	NA	NA	120.84	113.50	090								
47300	A	A	Surgery for liver lesion	9.68	NA	NA	6.27	7.81	1.24	NA	NA	17.19	18.73	090								
47350	A	A	Repair liver wound	12.56	NA	NA	7.03	7.83	1.17	NA	NA	20.76	21.56	090								
47360	A	A	Repair liver wound	17.28	NA	NA	10.08	11.42	1.71	NA	NA	29.07	30.41	090								
47361	A	A	Repair liver wound	30.25	NA	NA	14.91	15.65	2.67	NA	NA	47.83	48.57	090								
47362	A	A	Repair liver wound	11.88	NA	NA	7.82	6.22	0.95	NA	NA	20.65	19.05	090								
47399	C	C	Liver surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY								
47400	A	A	Incision of liver duct	20.86	NA	NA	11.63	9.85	1.06	NA	NA	33.55	31.77	090								
47420	A	A	Incision of bile duct	16.72	NA	NA	8.89	9.94	1.56	NA	NA	27.17	28.22	090								
47425	A	A	Incision of bile duct	16.68	NA	NA	9.38	11.88	1.92	NA	NA	27.98	30.48	090								
47460	A	A	Incise bile duct sphincter	15.17	NA	NA	8.50	14.77	1.42	NA	NA	25.09	31.36	090								
47480	A	A	Incision of gallbladder	9.10	NA	NA	6.30	7.76	1.24	NA	NA	16.64	18.10	090								
47490	A	A	Incision of gallbladder	7.23	NA	NA	7.09	4.68	0.30	NA	NA	14.62	12.21	090								
47500	A	A	Injection for liver x-rays	1.96	NA	NA	0.53	1.36	0.11	NA	NA	2.60	3.43	000								
47505	A	A	Injection for liver x-rays	0.76	13.85	4.26	0.21	0.74	0.11	14.72	5.13	1.08	1.61	000								
47510	A	A	Insert catheter, bile duct	7.83	NA	NA	27.01	9.09	0.20	NA	NA	35.04	17.12	090								
47511	A	A	Insert bile duct drain	10.50	NA	NA	28.03	9.34	0.20	NA	NA	38.73	20.04	090								
47525	A	A	Change bile duct catheter	5.55	NA	NA	3.10	2.07	0.13	NA	NA	8.78	7.75	010								
47530	A	A	Revise, reinsert bile tube	5.85	NA	NA	4.78	2.43	0.15	NA	NA	10.78	8.43	090								
47550	A	A	Bile duct endoscopy add-on	3.02	NA	NA	1.23	1.58	0.27	NA	NA	4.52	4.87	ZZZ								
47552	A	A	Biliary endoscopy, thru skin	6.04	NA	NA	2.22	1.67	0.16	NA	NA	8.42	7.87	000								
47553	A	A	Biliary endoscopy, thru skin	6.35	NA	NA	2.00	3.59	0.49	NA	NA	8.84	10									

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## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility			Transitioned			Facility			Mal-practice			Non-facility			Transitioned			Facility			Global
					RVUs	practice expense	RVUs	RVUs	practice expense	RVUs	RVUs	RVUs	RVUs	practice expense	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	
47711	A		Excision of bile duct tumor	19.37	NA	NA	NA	10.47	12.44	1.92	NA	NA	NA	NA	1.92	NA	NA	NA	NA	NA	NA	31.76	33.73	090		
47712	A		Excision of bile duct tumor	25.44	NA	NA	NA	13.53	13.20	1.92	NA	NA	NA	NA	1.92	NA	NA	NA	NA	NA	NA	40.89	40.56	090		
47715	A		Excision of bile duct cyst	15.81	NA	NA	NA	8.89	8.91	1.34	NA	NA	NA	NA	1.34	NA	NA	NA	NA	NA	NA	26.04	26.06	090		
47716	A		Fusion of bile duct cyst	13.83	NA	NA	NA	8.10	7.37	1.20	NA	NA	NA	NA	1.20	NA	NA	NA	NA	NA	NA	23.13	22.40	090		
47720	A		Fuse gallbladder & bowel	13.38	NA	NA	NA	7.69	9.38	1.51	NA	NA	NA	NA	1.51	NA	NA	NA	NA	NA	NA	22.58	24.27	090		
47721	A		Fuse upper gi structures	16.08	NA	NA	NA	8.88	11.51	1.93	NA	NA	NA	NA	1.93	NA	NA	NA	NA	NA	NA	26.89	29.52	090		
47740	A		Fuse gallbladder & bowel	15.54	NA	NA	NA	8.67	10.48	1.67	NA	NA	NA	NA	1.67	NA	NA	NA	NA	NA	NA	25.88	27.69	090		
47741	A		Fuse gallbladder & bowel	17.95	NA	NA	NA	9.83	14.14	2.36	NA	NA	NA	NA	2.36	NA	NA	NA	NA	NA	NA	30.14	34.45	090		
47760	A		Fuse bile ducts and bowel	21.74	NA	NA	NA	11.04	12.21	1.98	NA	NA	NA	NA	1.98	NA	NA	NA	NA	NA	NA	34.76	35.93	090		
47765	A		Fuse liver ducts & bowel	20.93	NA	NA	NA	11.94	14.88	2.32	NA	NA	NA	NA	2.32	NA	NA	NA	NA	NA	NA	35.19	38.13	090		
47780	A		Fuse bile ducts and bowel	22.29	NA	NA	NA	11.57	13.53	2.14	NA	NA	NA	NA	2.14	NA	NA	NA	NA	NA	NA	36.00	37.96	090		
47785	A		Fuse bile ducts and bowel	26.23	NA	NA	NA	14.21	14.19	2.14	NA	NA	NA	NA	2.14	NA	NA	NA	NA	NA	NA	42.58	42.56	090		
47800	A		Reconstruction of bile ducts	19.60	NA	NA	NA	10.44	13.37	1.90	NA	NA	NA	NA	1.90	NA	NA	NA	NA	NA	NA	31.94	34.87	090		
47801	A		Placement, bile duct support	12.76	NA	NA	NA	8.19	6.51	0.63	NA	NA	NA	NA	0.63	NA	NA	NA	NA	NA	NA	21.58	19.90	090		
47802	A		Fuse liver duct & intestine	18.13	NA	NA	NA	10.75	11.05	1.37	NA	NA	NA	NA	1.37	NA	NA	NA	NA	NA	NA	30.25	30.55	090		
47900	A		Suture bile duct injury	16.74	NA	NA	NA	9.00	13.01	1.90	NA	NA	NA	NA	1.90	NA	NA	NA	NA	NA	NA	27.64	31.65	090		
47999	C		Bile tract surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY		
48000	A		Drainage of abdomen	14.91	NA	NA	NA	9.56	8.13	1.10	NA	NA	NA	NA	1.10	NA	NA	NA	NA	NA	NA	25.57	24.14	090		
48001	A		Placement of drain, pancreas	18.83	NA	NA	NA	10.89	9.34	1.48	NA	NA	NA	NA	1.48	NA	NA	NA	NA	NA	NA	31.20	29.65	090		
48005	A		Resect/debride pancreas	22.40	NA	NA	NA	11.80	10.43	1.67	NA	NA	NA	NA	1.67	NA	NA	NA	NA	NA	NA	35.87	34.50	090		
48020	A		Removal of pancreatic stone	14.22	NA	NA	NA	8.12	7.55	1.23	NA	NA	NA	NA	1.23	NA	NA	NA	NA	NA	NA	23.57	23.00	090		
48100	A		Biopsy of pancreas	11.08	NA	NA	NA	6.33	5.01	0.62	NA	NA	NA	NA	0.62	NA	NA	NA	NA	NA	NA	18.03	16.71	090		
48102	A		Needle biopsy, pancreas	4.68	6.69	3.64	6.69	2.68	2.64	0.20	NA	NA	NA	NA	0.20	11.57	8.52	7.56	7.52	010						
48120	A		Removal of pancreas lesion	14.36	NA	NA	NA	7.63	9.82	1.62	NA	NA	NA	NA	1.62	NA	NA	NA	NA	NA	NA	23.61	25.80	090		
48140	A		Partial removal of pancreas	20.78	NA	NA	NA	10.53	13.45	2.21	NA	NA	NA	NA	2.21	NA	NA	NA	NA	NA	NA	33.52	36.44	090		
48145	A		Partial removal of pancreas	21.76	NA	NA	NA	11.17	15.58	2.47	NA	NA	NA	NA	2.47	NA	NA	NA	NA	NA	NA	35.40	39.81	090		
48146	A		Pancreatectomy	23.91	NA	NA	NA	13.50	16.80	1.50	NA	NA	NA	NA	1.50	NA	NA	NA	NA	NA	NA	38.91	42.21	090		
48148	A		Removal of pancreatic duct	15.71	NA	NA	NA	8.65	8.86	1.31	NA	NA	NA	NA	1.31	NA	NA	NA	NA	NA	NA	25.67	25.88	090		
48150	A		Partial removal of pancreas	43.48	NA	NA	NA	22.33	23.93	3.72	NA	NA	NA	NA	3.72	NA	NA	NA	NA	NA	NA	69.53	71.13	090		
48152	A		Pancreatectomy	39.63	NA	NA	NA	22.14	23.88	3.72	NA	NA	NA	NA	3.72	NA	NA	NA	NA	NA	NA	65.49	67.23	090		
48153	A		Pancreatectomy	43.38	NA	NA	NA	22.20	23.90	3.72	NA	NA	NA	NA	3.72	NA	NA	NA	NA	NA	NA	69.30	71.00	090		
48154	A		Pancreatectomy	39.95	NA	NA	NA	20.87	23.56	3.72	NA	NA	NA	NA	3.72	NA	NA	NA	NA	NA	NA	64.54	67.23	090		
48155	A		Removal of pancreas	22.32	NA	NA	NA	14.07	20.12	3.33	NA	NA	NA	NA	3.33	NA	NA	NA	NA	NA	NA	39.72	45.77	090		
48160	N		Pancreas removal, transplant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX		
48180	A		Fuse pancreas and bowel	22.39	NA	NA	NA	11.53	13.14	2.06	NA	NA	NA	NA	2.06	NA	NA	NA	NA	NA	NA	35.98	37.59	090		
48400	A		Injection, intraop add-on	1.95	NA	NA	NA	0.70	1.02	0.19	NA	NA	NA	NA	0.19	NA	NA	NA	NA	NA	NA	2.84	3.16	ZZZ		
48500	A		Surgery of pancreas cyst	13.84	NA	NA	NA	7.66	8.86	1.30	NA	NA	NA	NA	1.30	NA	NA	NA	NA	NA	NA	22.80	24.00	090		
48510	A		Drain pancreatic pseudocyst	12.96	NA	NA	NA	7.56	8.03	1.13	NA	NA	NA	NA	1.13	NA	NA	NA	NA	NA	NA	21.65	22.12	090		
48511	A		Drain pancreatic pseudocyst	4.00	NA	NA	NA	4.68	3.64	0.27	NA	NA	NA	NA	0.27	NA	NA	NA	NA	NA	NA	8.95	7.91	000		
48520	A		Fuse pancreas cyst and bowel	14.12	NA	NA	NA	7.54	11.08	1.90	NA	NA	NA	NA	1.90	NA	NA	NA	NA	NA	NA	23.56	27.10	090		

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3 \*Indicates RVUs are not used for Medicare payment.



# ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitioned		Facility		Mal-practice		Non-facility		Transitioned		Facility		Transitioned Facility	Global
					practice RVUs	expense RVUs	Non-facility practice RVUs	expense RVUs	Facility practice RVUs	expense RVUs	Non-facility practice RVUs	expense RVUs	Non-facility Total	Non-facility Total	Facility Total	Facility Total				
48540	A		Fuse pancreas cyst and bowel	17.86	NA	NA	9.01	12.56	2.07	NA	2.07	NA	NA	NA	NA	28.94	32.49	090	090	
48545	A		Pancreatorrhaphy	16.47	NA	NA	8.90	8.46	1.40	NA	1.40	NA	NA	NA	NA	26.77	26.33	090	090	
48547	A		Duodenal exclusion	23.40	NA	NA	11.51	11.89	2.02	NA	2.02	NA	NA	NA	NA	36.93	37.31	090	090	
48550	N		Donor pancreatotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	XXX	
48554	N		Transplantallograft pancreas	+34.17	NA	NA	17.42	18.90	3.25	NA	3.25	NA	NA	NA	NA	54.84	56.32	XXX	XXX	
48556	A		Removal, allograft pancreas	15.71	NA	NA	9.52	8.29	1.32	NA	1.32	NA	NA	NA	NA	26.55	25.32	090	090	
48999	C		Pancreas surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	YYY	
49000	A		Exploration of abdomen	11.68	NA	NA	6.00	7.03	1.10	NA	1.10	NA	NA	NA	NA	18.78	19.81	090	090	
49002	A		Reopening of abdomen	10.49	NA	NA	6.14	6.46	0.95	NA	0.95	NA	NA	NA	NA	17.58	17.90	090	090	
49010	A		Exploration behind abdomen	12.28	NA	NA	6.66	7.32	1.02	NA	1.02	NA	NA	NA	NA	19.96	20.62	090	090	
49020	A		Drain abdominal abscess	16.79	NA	NA	9.54	6.31	0.71	NA	0.71	NA	NA	NA	NA	27.04	23.81	090	090	
49021	A		Drain abdominal abscess	3.38	NA	NA	5.58	4.43	0.71	NA	0.71	NA	NA	NA	NA	9.67	8.52	000	000	
49040	A		Open drainage abdom abscess	9.94	NA	NA	7.39	7.17	0.99	NA	0.99	NA	NA	NA	NA	18.32	18.10	090	090	
49041	A		Percut drain abdom abscess	4.00	NA	NA	5.50	3.84	0.27	NA	0.27	NA	NA	NA	NA	9.77	8.11	000	000	
49060	A		Open drain retroper abscess	11.66	NA	NA	7.89	6.48	0.79	NA	0.79	NA	NA	NA	NA	20.34	18.93	090	090	
49061	A		Percut drain retroper abscess	3.70	NA	NA	5.53	3.66	0.26	NA	0.26	NA	NA	NA	NA	9.49	7.62	000	000	
49062	A		Drain to peritoneal cavity	11.36	NA	NA	6.90	8.30	0.62	NA	0.62	NA	NA	NA	NA	18.88	20.28	090	090	
49080	A		Puncture, peritoneal cavity	1.35	2.96	1.45	0.66	0.87	0.06	NA	0.06	4.37	2.86	2.07	2.28	2.07	2.28	000	000	
49081	A		Removal of abdominal fluid	1.26	3.15	1.40	0.62	0.76	0.05	NA	0.05	4.46	2.71	1.93	2.07	1.93	2.07	000	000	
49085	A		Remove abdomen foreign body	8.93	NA	NA	5.22	4.12	0.52	NA	0.52	NA	NA	NA	NA	14.67	13.57	090	090	
49180	A		Biopsy, abdominal mass	1.73	5.68	2.91	1.36	1.83	0.16	NA	0.16	7.57	4.80	4.80	3.72	3.25	3.72	000	000	
49200	A		Removal of abdominal lesion	10.25	NA	NA	6.25	8.38	1.33	NA	1.33	NA	NA	NA	NA	17.83	19.96	090	090	
49201	A		Removal of abdominal lesion	14.84	NA	NA	9.04	12.11	1.96	NA	1.96	NA	NA	NA	NA	25.84	28.91	090	090	
49215	A		Excise sacral spine tumor	22.36	NA	NA	11.04	9.68	1.24	NA	1.24	NA	NA	NA	NA	34.64	33.28	090	090	
49220	A		Multiple surgery, abdomen	14.88	NA	NA	8.02	12.02	1.98	NA	1.98	NA	NA	NA	NA	24.88	28.88	090	090	
49250	A		Excision of umbilicus	8.35	NA	NA	4.65	4.85	0.75	NA	0.75	NA	NA	NA	NA	13.75	13.95	090	090	
49255	A		Removal of omentum	11.14	NA	NA	6.64	5.86	0.90	NA	0.90	NA	NA	NA	NA	18.68	17.90	090	090	
49400	A		Air injection into abdomen	1.88	NA	NA	0.83	1.12	0.13	NA	0.13	NA	NA	NA	NA	2.84	3.13	000	000	
49420	A		Insert abdominal drain	2.22	NA	NA	1.23	1.59	0.16	NA	0.16	NA	NA	NA	NA	3.61	3.97	000	000	
49421	A		Insert abdominal drain	5.54	NA	NA	3.72	4.30	0.63	NA	0.63	NA	NA	NA	NA	9.89	10.47	090	090	
49422	A		Remove perm cannula/catheter	6.25	NA	NA	3.06	4.13	0.63	NA	0.63	NA	NA	NA	NA	9.94	11.01	010	010	
49423	A		Exchange drainage cath	1.46	NA	NA	0.79	1.09	0.10	NA	0.10	NA	NA	NA	NA	2.35	2.65	000	000	
49424	A		Assess cyst, contrast inj	0.76	NA	NA	0.52	0.60	0.05	NA	0.05	NA	NA	NA	NA	1.33	1.41	000	000	
49425	A		Insert abdomen-venous drain	11.37	NA	NA	6.27	8.47	1.39	NA	1.39	NA	NA	NA	NA	19.03	21.23	090	090	
49426	A		Revise abdomen-venous shunt	9.63	NA	NA	5.64	5.80	0.84	NA	0.84	NA	NA	NA	NA	16.11	16.27	090	090	
49427	A		Injection, abdominal shunt	0.89	NA	NA	0.57	0.54	0.02	NA	0.02	NA	NA	NA	NA	1.48	1.45	000	000	
49428	A		Ligation of shunt	2.38	NA	NA	1.47	1.22	0.19	NA	0.19	NA	NA	NA	NA	4.04	3.79	010	010	
49429	A		Removal of shunt	7.40	NA	NA	4.21	3.75	0.60	NA	0.60	NA	NA	NA	NA	12.21	11.75	010	010	
49495	A		Repair inguinal hernia, init	5.89	NA	NA	3.20	4.85	0.74	NA	0.74	NA	NA	NA	NA	9.83	11.48	090	090	
49496	A		Repair inguinal hernia, init	8.79	NA	NA	5.66	5.52	0.84	NA	0.84	NA	NA	NA	NA	15.29	15.15	090	090	

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3 \*Indicates RVUs are not used for Medicare payment.



## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non- facility		Transitioned Non-facility		Transitioned Facility		Mul- practice		Non- facility		Transitioned Non-facility		Transitioned Facility		Facility		Global	
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	practice RVUs	RVUs	practice RVUs	RVUs	practice RVUs	expense RVUs	Total	Total	Total	Total
49500	A		Repair inguinal hernia	4.68	NA	NA	NA	NA	2.81	4.75	0.74	4.75	NA	NA	NA	NA	8.23	10.17	8.23	10.17	090	090
49501	A		Repair inguinal hernia, init	7.58	NA	NA	NA	NA	3.93	5.09	0.84	5.09	NA	NA	NA	NA	12.35	13.51	12.35	13.51	090	090
49505	A		Repair inguinal hernia	6.49	3.43	4.53	4.53	4.53	3.46	4.53	0.74	4.53	10.66	11.76	11.76	11.76	10.69	11.76	10.69	11.76	090	090
49507	A		Repair, inguinal hernia	8.17	NA	NA	NA	NA	5.09	5.38	0.84	5.38	NA	NA	NA	NA	14.10	14.39	14.10	14.39	090	090
49520	A		Rerepair inguinal hernia	8.22	NA	NA	NA	NA	4.59	5.40	0.87	5.40	NA	NA	NA	NA	13.68	14.49	13.68	14.49	090	090
49521	A		Repair inguinal hernia, rec	10.22	NA	NA	NA	NA	5.26	5.42	0.84	5.42	NA	NA	NA	NA	16.32	16.48	16.32	16.48	090	090
49525	A		Repair inguinal hernia	7.32	NA	NA	NA	NA	4.10	5.54	0.91	5.54	NA	NA	NA	NA	12.33	13.77	12.33	13.77	090	090
49540	A		Repair lumbar hernia	8.87	NA	NA	NA	NA	4.80	5.43	0.88	5.43	NA	NA	NA	NA	14.55	15.18	14.55	15.18	090	090
49550	A		Repair femoral hernia, init	7.37	NA	NA	NA	NA	3.81	4.70	0.76	4.70	NA	NA	NA	NA	11.94	12.83	11.94	12.83	090	090
49553	A		Repair femoral hernia	8.06	NA	NA	NA	NA	4.47	4.87	0.76	4.87	NA	NA	NA	NA	13.29	13.69	13.29	13.69	090	090
49555	A		Repair femoral hernia	7.71	NA	NA	NA	NA	4.44	6.05	0.99	6.05	NA	NA	NA	NA	13.14	14.75	13.14	14.75	090	090
49557	A		Repair femoral hernia, recur	9.52	NA	NA	NA	NA	4.99	6.19	0.99	6.19	NA	NA	NA	NA	15.50	16.70	15.50	16.70	090	090
49560	A		Repair abdominal hernia	9.88	NA	NA	NA	NA	5.22	5.90	0.93	5.90	NA	NA	NA	NA	16.03	16.71	16.03	16.71	090	090
49561	A		Repair incisional hernia	12.17	NA	NA	NA	NA	6.07	6.12	1.06	6.12	NA	NA	NA	NA	19.17	19.22	19.17	19.22	090	090
49565	A		Rerepair abdominal hernia	9.88	NA	NA	NA	NA	5.53	6.60	1.06	6.60	NA	NA	NA	NA	19.53	20.12	19.53	20.12	090	090
49566	A		Repair incisional hernia	12.30	NA	NA	NA	NA	6.17	6.76	1.06	6.76	NA	NA	NA	NA	20.12	20.12	20.12	20.12	090	090
49568	A		Hernia repair w/mesh	4.89	NA	NA	NA	NA	2.04	2.60	0.46	2.60	NA	NA	NA	NA	7.39	7.95	7.39	7.95	ZZZ	ZZZ
49570	A		Repair epigastric hernia	4.86	NA	NA	NA	NA	2.91	4.29	0.71	4.29	NA	NA	NA	NA	8.48	9.86	8.48	9.86	090	090
49572	A		Repair, epigastric hernia	5.75	NA	NA	NA	NA	3.65	5.47	0.92	5.47	NA	NA	NA	NA	10.32	12.14	10.32	12.14	090	090
49580	A		Repair umbilical hernia	3.51	NA	NA	NA	NA	2.44	3.75	0.74	3.75	NA	NA	NA	NA	6.69	8.00	6.69	8.00	090	090
49582	A		Repair umbilical hernia	5.68	NA	NA	NA	NA	3.85	4.71	0.74	4.71	NA	NA	NA	NA	10.27	11.13	10.27	11.13	090	090
49585	A		Repair umbilical hernia	5.32	NA	NA	NA	NA	3.33	4.43	0.71	4.43	NA	NA	NA	NA	9.36	10.46	9.36	10.46	090	090
49587	A		Repair umbilical hernia	6.46	NA	NA	NA	NA	3.82	4.55	0.71	4.55	NA	NA	NA	NA	10.99	11.72	10.99	11.72	090	090
49590	A		Repair abdominal hernia	7.29	NA	NA	NA	NA	4.05	5.60	0.95	5.60	NA	NA	NA	NA	12.29	13.84	12.29	13.84	090	090
49600	A		Repair umbilical lesion	10.35	NA	NA	NA	NA	5.43	5.64	0.60	5.64	NA	NA	NA	NA	16.38	16.59	16.38	16.59	090	090
49605	A		Repair umbilical lesion	22.66	NA	NA	NA	NA	11.51	9.85	1.38	9.85	NA	NA	NA	NA	35.55	33.89	35.55	33.89	090	090
49606	A		Repair umbilical lesion	18.60	NA	NA	NA	NA	10.33	9.35	0.75	9.35	NA	NA	NA	NA	29.68	28.70	29.68	28.70	090	090
49610	A		Repair umbilical lesion	10.50	NA	NA	NA	NA	7.86	6.43	0.99	6.43	NA	NA	NA	NA	19.35	17.92	19.35	17.92	090	090
49611	A		Repair umbilical lesion	8.92	NA	NA	NA	NA	7.99	9.33	0.45	9.33	NA	NA	NA	NA	17.36	18.70	17.36	18.70	090	090
49900	A		Repair of abdominal wall	12.28	NA	NA	NA	NA	6.82	4.68	0.59	4.68	NA	NA	NA	NA	19.69	17.55	19.69	17.55	090	090
49905	A		Omental flap	6.55	NA	NA	NA	NA	3.03	3.54	0.63	3.54	NA	NA	NA	NA	10.21	10.72	10.21	10.72	ZZZ	ZZZ
49906	C		Free omental flap, microvasc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090	090
49999	C		Abdomen surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	YYY
50010	A		Exploration of kidney	10.98	NA	NA	NA	NA	6.17	9.31	0.88	9.31	NA	NA	NA	NA	18.03	21.17	18.03	21.17	090	090
50020	A		Open drain renal abscess	14.66	NA	NA	NA	NA	10.41	8.14	0.66	8.14	NA	NA	NA	NA	25.73	23.46	25.73	23.46	090	090
50021	A		Percut drain renal abscess	3.38	NA	NA	NA	NA	7.22	3.89	0.23	3.89	NA	NA	NA	NA	10.83	7.50	10.83	7.50	000	000
50040	A		Drainage of kidney	14.94	NA	NA	NA	NA	9.67	8.26	0.49	8.26	NA	NA	NA	NA	25.10	23.69	25.10	23.69	090	090
50045	A		Exploration of kidney	15.46	NA	NA	NA	NA	7.66	9.90	0.70	9.90	NA	NA	NA	NA	23.82	26.06	23.82	26.06	090	090
50060	A		Removal of kidney stone	19.30	NA	NA	NA	NA	8.94	12.20	0.95	12.20	NA	NA	NA	NA	29.19	32.45	29.19	32.45	090	090
50065	A		Incision of kidney	20.79	NA	NA	NA	NA	9.90	13.82	1.06	13.82	NA	NA	NA	NA	31.75	35.67	31.75	35.67	090	090

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitioned		Facility		Mal- practice		Non-facility		Transitioned		Facility		Transitioned		Facility		Global	
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	Total	Total
50070	A		Incision of kidney	20.32	NA	NA	9.42	12.83	1.06	1.06	NA	NA	NA	NA	NA	NA	30.80	34.21	NA	NA	30.80	34.21	090	090
50075	A		Removal of kidney stone	25.34	NA	NA	11.33	16.57	1.27	1.27	NA	NA	NA	NA	NA	NA	37.94	43.18	NA	NA	37.94	43.18	090	090
50080	A		Removal of kidney stone	14.71	NA	NA	9.38	12.28	0.90	0.90	NA	NA	NA	NA	NA	NA	24.99	27.89	NA	NA	24.99	27.89	090	090
50081	A		Removal of kidney stone	21.80	NA	NA	11.72	15.11	1.13	1.13	NA	NA	NA	NA	NA	NA	34.65	38.04	NA	NA	34.65	38.04	090	090
50100	A		Revises kidney blood vessels	16.09	NA	NA	9.14	10.70	1.06	1.06	NA	NA	NA	NA	NA	NA	26.29	27.85	NA	NA	26.29	27.85	090	090
50120	A		Exploration of kidney	15.91	NA	NA	7.89	10.85	0.97	0.97	NA	NA	NA	NA	NA	NA	24.77	27.73	NA	NA	24.77	27.73	090	090
50125	A		Explore and drain kidney	16.52	NA	NA	8.05	10.92	0.83	0.83	NA	NA	NA	NA	NA	NA	25.40	28.27	NA	NA	25.40	28.27	090	090
50130	A		Removal of kidney stone	17.29	NA	NA	8.31	12.50	0.99	0.99	NA	NA	NA	NA	NA	NA	26.59	30.78	NA	NA	26.59	30.78	090	090
50135	A		Exploration of kidney	19.18	NA	NA	9.07	16.14	1.28	1.28	NA	NA	NA	NA	NA	NA	29.53	36.60	NA	NA	29.53	36.60	090	090
50200	A		Biopsy of kidney	2.63	NA	NA	1.24	2.43	0.17	0.17	NA	NA	NA	NA	NA	NA	4.04	5.23	NA	NA	4.04	5.23	000	000
50205	A		Biopsy of kidney	11.31	NA	NA	5.98	6.09	0.54	0.54	NA	NA	NA	NA	NA	NA	17.83	17.94	NA	NA	17.83	17.94	090	090
50220	A		Removal of kidney	17.15	NA	NA	8.34	12.92	1.12	1.12	NA	NA	NA	NA	NA	NA	26.61	31.19	NA	NA	26.61	31.19	090	090
50225	A		Removal of kidney	20.23	NA	NA	9.35	15.79	1.33	1.33	NA	NA	NA	NA	NA	NA	30.91	37.35	NA	NA	30.91	37.35	090	090
50230	A		Removal of kidney	22.07	NA	NA	9.96	17.47	1.44	1.44	NA	NA	NA	NA	NA	NA	33.47	40.98	NA	NA	33.47	40.98	090	090
50234	A		Removal of kidney & ureter	22.40	NA	NA	10.09	16.08	1.29	1.29	NA	NA	NA	NA	NA	NA	33.78	39.77	NA	NA	33.78	39.77	090	090
50236	A		Removal of kidney & ureter	24.86	NA	NA	12.73	17.62	1.36	1.36	NA	NA	NA	NA	NA	NA	38.95	43.84	NA	NA	38.95	43.84	090	090
50240	A		Partial removal of kidney	22.00	NA	NA	11.77	15.96	1.33	1.33	NA	NA	NA	NA	NA	NA	35.10	39.29	NA	NA	35.10	39.29	090	090
50280	A		Removal of kidney lesion	15.67	NA	NA	7.82	10.80	0.91	0.91	NA	NA	NA	NA	NA	NA	24.40	27.38	NA	NA	24.40	27.38	090	090
50290	A		Removal of kidney lesion	14.73	NA	NA	7.35	9.06	0.93	0.93	NA	NA	NA	NA	NA	NA	23.01	24.72	NA	NA	23.01	24.72	090	090
50300	X		Removal of donor kidney	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	XXX
50320	A		Removal of donor kidney	22.21	NA	NA	9.48	15.80	1.88	1.88	NA	NA	NA	NA	NA	NA	33.57	39.89	NA	NA	33.57	39.89	090	090
50340	A		Removal of kidney	12.15	NA	NA	8.31	12.24	1.75	1.75	NA	NA	NA	NA	NA	NA	22.21	26.14	NA	NA	22.21	26.14	090	090
50360	A		Transplantation of kidney	31.53	NA	NA	17.38	24.24	3.32	3.32	NA	NA	NA	NA	NA	NA	52.23	59.09	NA	NA	52.23	59.09	090	090
50365	A		Transplantation of kidney	36.81	NA	NA	21.04	30.26	3.04	3.04	NA	NA	NA	NA	NA	NA	60.89	70.11	NA	NA	60.89	70.11	090	090
50370	A		Remove transplanted kidney	13.72	NA	NA	8.35	11.10	1.50	1.50	NA	NA	NA	NA	NA	NA	23.57	26.32	NA	NA	23.57	26.32	090	090
50380	A		Reimplantation of kidney	20.76	NA	NA	12.20	11.29	1.34	1.34	NA	NA	NA	NA	NA	NA	34.30	33.39	NA	NA	34.30	33.39	090	090
50390	A		Drainage of kidney lesion	1.96	NA	NA	1.15	1.66	0.12	0.12	NA	NA	NA	NA	NA	NA	3.23	3.74	NA	NA	3.23	3.74	000	000
50392	A		Insert kidney drain	3.38	NA	NA	1.53	2.30	0.16	0.16	NA	NA	NA	NA	NA	NA	5.07	5.84	NA	NA	5.07	5.84	000	000
50393	A		Insert ureteral tube	4.16	NA	NA	1.73	2.89	0.20	0.20	NA	NA	NA	NA	NA	NA	6.09	7.25	NA	NA	6.09	7.25	000	000
50394	A		Injection for kidney x-ray	0.76	14.48	4.07	0.21	0.50	0.04	0.04	NA	15.28	NA	4.87	NA	NA	1.01	1.30	NA	NA	1.01	1.30	000	000
50395	A		Create passage to kidney	3.38	NA	NA	1.52	3.09	0.23	0.23	NA	NA	NA	NA	NA	NA	5.13	6.70	NA	NA	5.13	6.70	000	000
50396	A		Measure kidney pressure	2.09	NA	NA	0.67	0.57	0.04	0.04	NA	NA	NA	NA	NA	NA	2.80	2.70	NA	NA	2.80	2.70	000	000
50398	A		Change kidney tube	1.46	0.80	0.64	1.06	0.70	0.04	0.04	NA	NA	2.30	2.14	NA	NA	2.56	2.20	NA	NA	2.56	2.20	000	000
50400	A		Revision of kidney/ureter	19.50	NA	NA	9.05	13.38	1.06	1.06	NA	NA	NA	NA	NA	NA	29.61	33.94	NA	NA	29.61	33.94	090	090
50405	A		Revision of kidney/ureter	23.93	NA	NA	12.03	17.08	1.36	1.36	NA	NA	NA	NA	NA	NA	37.32	42.37	NA	NA	37.32	42.37	090	090
50500	A		Repair of kidney wound	19.57	NA	NA	10.21	12.69	1.28	1.28	NA	NA	NA	NA	NA	NA	31.06	33.54	NA	NA	31.06	33.54	090	090
50520	A		Close kidney-skin fistula	17.23	NA	NA	9.60	10.82	1.17	1.17	NA	NA	NA	NA	NA	NA	28.00	29.22	NA	NA	28.00	29.22	090	090
50525	A		Repair renal-abdomen fistula	22.27	NA	NA	11.38	13.11	1.56	1.56	NA	NA	NA	NA	NA	NA	35.21	36.94	NA	NA	35.21	36.94	090	090
50526	A		Repair renal-abdomen fistula	24.02	NA	NA	12.20	9.07	1.82	1.82	NA	NA	NA	NA	NA	NA	38.04	34.91	NA	NA	38.04	34.91	090	090
50540	A		Revision of horseshoe kidney	19.93	NA	NA	9.24	13.22	1.20	1.20	NA	NA	NA	NA	NA	NA	30.37	34.35	NA	NA	30.37	34.35	090	090

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
50810	A		Fusion of ureter & bowel	20.05	NA	NA	10.84	12.94	1.37	NA	NA	NA	1.37	NA	NA	NA	NA	NA	32.26	34.36	NA	NA	090
50815	A		Urine shunt to bowel	19.93	NA	NA	10.35	18.67	2.15	NA	NA	NA	2.15	NA	NA	NA	NA	NA	32.43	40.75	NA	NA	090
50820	A		Construct bowel bladder	21.89	NA	NA	10.89	18.17	1.96	NA	NA	NA	1.96	NA	NA	NA	NA	NA	34.74	42.02	NA	NA	090
50825	A		Construct bowel bladder	28.18	NA	NA	13.42	28.21	2.61	NA	NA	NA	2.61	NA	NA	NA	NA	NA	44.21	59.00	NA	NA	090
50830	A		Revise urine flow	31.28	NA	NA	14.44	20.64	1.78	NA	NA	NA	1.78	NA	NA	NA	NA	NA	47.50	53.70	NA	NA	090
50840	A		Replace ureter by bowel	20.00	NA	NA	10.28	13.42	1.06	NA	NA	NA	1.06	NA	NA	NA	NA	NA	31.34	34.48	NA	NA	090
50845	A		Appendico-vesicostomy	20.89	NA	NA	10.57	13.93	1.06	NA	NA	NA	1.06	NA	NA	NA	NA	NA	32.52	35.88	NA	NA	090
50860	A		Transplant ureter to skin	15.36	NA	NA	7.83	10.85	0.91	NA	NA	NA	0.91	NA	NA	NA	NA	NA	24.10	27.12	NA	NA	090
50900	A		Repair of ureter	13.62	NA	NA	7.07	9.89	0.90	NA	NA	NA	0.90	NA	NA	NA	NA	NA	21.59	24.41	NA	NA	090
50920	A		Closure ureter/skin fistula	14.33	NA	NA	7.29	9.57	0.77	NA	NA	NA	0.77	NA	NA	NA	NA	NA	22.39	24.67	NA	NA	090
50930	A		Closure ureter/bowel fistula	18.72	NA	NA	8.83	12.39	0.95	NA	NA	NA	0.95	NA	NA	NA	NA	NA	28.50	32.06	NA	NA	090
50940	A		Release of ureter	14.51	NA	NA	7.38	9.90	0.74	NA	NA	NA	0.74	NA	NA	NA	NA	NA	22.63	25.15	NA	NA	090
50951	A		Endoscopy of ureter	5.84	4.47	2.48	2.21	1.91	0.13	10.44	8.45	8.45	0.13	10.44	8.45	8.45	0.13	10.44	8.18	7.88	000	000	000
50953	A		Endoscopy of ureter	6.24	15.75	5.29	2.36	1.94	0.13	22.12	11.66	11.66	0.13	22.12	11.66	11.66	0.13	22.12	8.73	8.31	000	000	000
50955	A		Ureter endoscopy & biopsy	6.75	13.99	5.58	2.51	2.71	0.20	20.94	12.53	12.53	0.20	20.94	12.53	12.53	0.20	20.94	9.46	9.66	000	000	000
50957	A		Ureter endoscopy & treatment	6.79	8.12	4.06	2.52	2.66	0.20	15.11	11.05	11.05	0.20	15.11	11.05	11.05	0.20	15.11	9.51	9.65	000	000	000
50959	A		Ureter endoscopy & tracer	4.40	NA	NA	1.78	3.20	0.23	NA	NA	NA	0.23	NA	NA	NA	NA	NA	6.41	7.83	000	000	000
50961	A		Ureter endoscopy & treatment	6.05	21.03	7.39	2.28	2.70	0.20	27.28	13.64	13.64	0.20	27.28	13.64	13.64	0.20	27.28	8.53	8.95	000	000	000
50970	A		Ureter endoscopy	7.14	NA	NA	2.63	4.87	0.41	NA	NA	NA	0.41	NA	NA	NA	NA	NA	10.18	12.42	000	000	000
50972	A		Ureter endoscopy & catheter	6.89	NA	NA	2.58	1.90	0.13	NA	NA	NA	0.13	NA	NA	NA	NA	NA	9.60	8.92	000	000	000
50974	A		Ureter endoscopy & biopsy	9.17	NA	NA	3.31	6.54	0.51	NA	NA	NA	0.51	NA	NA	NA	NA	NA	12.99	16.22	000	000	000
50976	A		Ureter endoscopy & treatment	9.04	NA	NA	3.27	6.04	0.49	NA	NA	NA	0.49	NA	NA	NA	NA	NA	12.80	15.57	000	000	000
50978	A		Ureter endoscopy & tracer	5.10	NA	NA	2.26	3.87	0.38	NA	NA	NA	0.38	NA	NA	NA	NA	NA	7.74	9.35	000	000	000
50980	A		Ureter endoscopy & treatment	6.85	NA	NA	2.55	3.19	0.23	NA	NA	NA	0.23	NA	NA	NA	NA	NA	9.63	10.27	000	000	000
51000	A		Drainage of bladder	0.78	1.51	0.77	0.59	0.54	0.04	2.33	1.59	1.59	0.04	2.33	1.59	1.59	0.04	2.33	1.41	1.36	000	000	000
51005	A		Drainage of bladder	1.02	2.50	1.00	0.66	0.54	0.03	3.55	2.05	2.05	0.03	3.55	2.05	2.05	0.03	3.55	1.71	1.59	000	000	000
51010	A		Drainage of bladder	3.53	6.04	2.30	1.98	1.28	0.09	9.66	5.92	5.92	0.09	9.66	5.92	5.92	0.09	9.66	5.60	4.90	010	010	010
51020	A		Incise & treat bladder	6.71	NA	NA	4.80	6.77	0.56	NA	NA	NA	0.56	NA	NA	NA	NA	NA	12.07	14.04	090	090	090
51030	A		Incise & treat bladder	6.77	NA	NA	4.75	4.88	0.34	NA	NA	NA	0.34	NA	NA	NA	NA	NA	11.86	11.99	090	090	090
51040	A		Incise & drain bladder	4.40	NA	NA	3.67	4.86	0.59	NA	NA	NA	0.59	NA	NA	NA	NA	NA	8.66	9.85	090	090	090
51045	A		Incise bladder, drain ureter	6.77	NA	NA	4.82	5.24	0.39	NA	NA	NA	0.39	NA	NA	NA	NA	NA	11.98	12.40	090	090	090
51050	A		Removal of bladder stone	6.92	NA	NA	4.49	6.92	0.55	NA	NA	NA	0.55	NA	NA	NA	NA	NA	11.96	14.39	090	090	090
51060	A		Removal of bladder stone	8.85	NA	NA	5.42	9.28	0.93	NA	NA	NA	0.93	NA	NA	NA	NA	NA	15.20	19.06	090	090	090
51065	A		Removal of ureter stone	8.85	NA	NA	5.42	7.12	0.56	NA	NA	NA	0.56	NA	NA	NA	NA	NA	14.83	16.53	090	090	090
51080	A		Drainage of bladder abscess	5.96	NA	NA	4.41	5.32	0.45	NA	NA	NA	0.45	NA	NA	NA	NA	NA	10.82	11.73	090	090	090
51500	A		Removal of bladder cyst	10.14	NA	NA	5.59	6.98	0.95	NA	NA	NA	0.95	NA	NA	NA	NA	NA	16.68	18.07	090	090	090
51520	A		Removal of bladder lesion	9.29	NA	NA	5.68	8.37	0.68	NA	NA	NA	0.68	NA	NA	NA	NA	NA	15.65	18.34	090	090	090
51525	A		Removal of bladder lesion	13.97	NA	NA	7.15	10.47	0.83	NA	NA	NA	0.83	NA	NA	NA	NA	NA	21.95	25.27	090	090	090
51530	A		Removal of bladder lesion	12.38	NA	NA	6.65	9.19	0.80	NA	NA	NA	0.80	NA	NA	NA	NA	NA	19.83	22.37	090	090	090
51535	A		Repair of ureter lesion	12.57	NA	NA	7.12	8.03	0.89	NA	NA	NA	0.89	NA	NA	NA	NA	NA	20.58	21.49	090	090	090

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## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work 3 RVUs	Non- facility		Transitioned		Transitioned		Mol- practice		Non- facility		Transitioned		Facility		Global
					practice expense RVUs	RVUs	Facility practice expense RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	
51550		A	Partial removal of bladder	15.66	NA	NA	NA	7.72	10.65	0.92	NA	NA	NA	NA	NA	24.30	27.23	090	
51555		A	Partial removal of bladder	21.23	NA	NA	NA	9.84	12.44	1.02	NA	NA	NA	NA	NA	32.09	34.69	090	
51565		A	Revise bladder & ureter(s)	21.62	NA	NA	NA	10.30	15.47	1.31	NA	NA	NA	NA	NA	33.23	38.40	090	
51570		A	Removal of bladder	24.24	NA	NA	NA	11.37	15.59	1.27	NA	NA	NA	NA	NA	36.88	41.10	090	
51575		A	Removal of bladder & nodes	30.45	NA	NA	NA	13.86	22.08	1.76	NA	NA	NA	NA	NA	46.07	54.29	090	
51580		A	Remove bladder; revise tract	31.08	NA	NA	NA	14.34	19.82	1.60	NA	NA	NA	NA	NA	47.02	52.50	090	
51585		A	Removal of bladder & nodes	35.23	NA	NA	NA	15.93	24.43	1.89	NA	NA	NA	NA	NA	53.05	61.55	090	
51590		A	Remove bladder; revise tract	32.66	NA	NA	NA	14.57	23.60	2.00	NA	NA	NA	NA	NA	49.23	58.26	090	
51595		A	Remove bladder; revise tract	37.14	NA	NA	NA	16.03	31.52	2.61	NA	NA	NA	NA	NA	55.78	71.27	090	
51596		A	Remove bladder, create pouch	39.52	NA	NA	NA	17.18	32.69	2.70	NA	NA	NA	NA	NA	59.40	74.91	090	
51597		A	Removal of pelvic structures	38.35	NA	NA	NA	16.88	29.15	3.37	NA	NA	NA	NA	NA	58.60	70.87	090	
51600		A	Injection for bladder x-ray	0.88	15.72	4.16	0.25	0.29	0.02	16.62	5.06	1.15	1.19	000					
51605		A	Preparation for bladder x-ray	0.64	15.52	4.13	0.20	0.30	0.02	16.18	4.79	0.86	0.96	000					
51610		A	Injection for bladder x-ray	1.05	29.00	7.47	0.31	0.30	0.02	30.07	8.54	1.38	1.37	000					
51700		A	Irrigation of bladder	0.88	3.35	1.02	0.31	0.17	0.02	4.25	1.92	1.21	1.07	000					
51705		A	Change of bladder tube	1.02	2.18	0.85	1.33	0.49	0.03	3.23	1.90	2.38	1.54	010					
51710		A	Change of bladder tube	1.49	4.19	1.51	1.55	0.62	0.05	5.73	3.05	3.09	2.16	010					
51715		A	Endoscopic injection/implant	3.74	3.61	3.06	1.52	2.54	0.21	7.56	7.01	5.47	6.49	000					
51720		A	Treatment of bladder lesion	1.96	3.48	1.24	0.98	0.43	0.04	5.48	3.24	2.98	2.43	000					
51725		A	Simple cystometrogram	1.51	0.93	1.05	0.93	1.05	0.08	2.52	2.64	2.52	2.64	000					
51725	26	A	Simple cystometrogram	1.51	0.52	0.64	0.52	0.64	0.05	2.08	2.20	2.08	2.20	000					
51725	TC	A	Simple cystometrogram	0.00	0.41	0.41	0.41	0.41	0.03	0.44	0.44	0.44	0.44	000					
51726		A	Complex cystometrogram	1.71	1.10	1.33	1.10	1.33	0.10	2.91	3.14	2.91	3.14	000					
51726	26	A	Complex cystometrogram	1.71	0.58	0.81	0.58	0.81	0.06	2.35	2.58	2.35	2.58	000					
51726	TC	A	Complex cystometrogram	0.00	0.52	0.52	0.52	0.52	0.04	0.56	0.56	0.56	0.56	000					
51736		A	Urine flow measurement	0.61	0.36	0.42	0.36	0.42	0.03	1.00	1.06	1.00	1.06	000					
51736	26	A	Urine flow measurement	0.61	0.21	0.26	0.21	0.26	0.02	0.84	0.89	0.84	0.89	000					
51736	TC	A	Urine flow measurement	0.00	0.15	0.16	0.15	0.16	0.01	0.16	0.17	0.16	0.17	000					
51741		A	Electro-uroflowmetry, first	1.14	0.61	0.61	0.61	0.61	0.05	1.80	1.80	1.80	1.80	000					
51741	26	A	Electro-uroflowmetry, first	1.14	0.38	0.38	0.38	0.38	0.03	1.55	1.55	1.55	1.55	000					
51741	TC	A	Electro-uroflowmetry, first	0.00	0.23	0.23	0.23	0.23	0.02	0.25	0.25	0.25	0.25	000					
51772		A	Urethra pressure profile	1.61	1.01	1.02	1.01	1.02	0.09	2.71	2.72	2.71	2.72	000					
51772	26	A	Urethra pressure profile	1.61	0.56	0.56	0.56	0.56	0.05	2.22	2.22	2.22	2.22	000					
51772	TC	A	Urethra pressure profile	0.00	0.45	0.46	0.45	0.46	0.04	0.49	0.50	0.49	0.50	000					
51784		A	Anal/urinary muscle study	1.53	0.95	1.08	0.95	1.08	0.08	2.56	2.69	2.56	2.69	000					
51784	26	A	Anal/urinary muscle study	1.53	0.52	0.66	0.52	0.66	0.05	2.10	2.24	2.10	2.24	000					
51784	TC	A	Anal/urinary muscle study	0.00	0.43	0.42	0.43	0.42	0.03	0.46	0.45	0.46	0.45	000					
51785		A	Anal/urinary muscle study	1.53	0.95	1.08	0.95	1.08	0.08	2.56	2.69	2.56	2.69	000					
51785	26	A	Anal/urinary muscle study	1.53	0.52	0.66	0.52	0.66	0.05	2.10	2.24	2.10	2.24	000					
51785	TC	A	Anal/urinary muscle study	0.00	0.43	0.42	0.43	0.42	0.03	0.46	0.45	0.46	0.45	000					

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CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non-facility		Transitioned		Facility		Mal- practice		Non-facility		Transitioned		Facility		Transitioned		Facility		Global	
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	Total	Total
51792		A	Urinary reflex study	1.10	1.87	2.03	1.87	2.03	2.03	1.87	2.03	0.16	3.13	2.03	2.03	2.03	2.03	2.03	2.03	2.03	2.03	2.03	3.29	000
51792	26	A	Urinary reflex study	1.10	0.41	0.58	0.41	0.58	0.58	0.41	0.58	0.05	1.56	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	1.73	000
51792	TC	A	Urinary reflex study	0.00	1.46	1.45	1.46	1.45	1.45	1.46	1.45	0.11	1.57	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.56	000
51795		A	Urine voiding pressure study	1.53	1.47	1.54	1.47	1.54	1.54	1.47	1.54	0.13	3.13	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	3.20	000
51795	26	A	Urine voiding pressure study	1.53	0.52	0.60	0.52	0.60	0.60	0.52	0.60	0.05	2.10	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	2.18	000
51795	TC	A	Urine voiding pressure study	0.00	0.95	0.94	0.95	0.94	0.94	0.95	0.94	0.08	1.03	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94	1.02	000
51797		A	Intraabdominal pressure test	1.60	1.04	1.04	1.04	1.04	1.04	1.04	1.04	0.08	2.72	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	2.72	000
51797	26	A	Intraabdominal pressure test	1.60	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.04	2.19	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	2.19	000
51797	TC	A	Intraabdominal pressure test	0.00	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.04	0.53	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.53	000
51800		A	Revision of bladder/urethra	17.42	NA	NA	NA	NA	NA	NA	NA	1.15	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	30.47	090
51820		A	Revision of urinary tract	17.89	NA	NA	NA	NA	NA	NA	NA	1.03	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	27.35	090
51840		A	Attach bladder/urethra	10.71	NA	NA	NA	NA	NA	NA	NA	0.99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	20.72	090
51841		A	Attach bladder/urethra	13.03	NA	NA	NA	NA	NA	NA	NA	1.16	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	24.98	090
51845		A	Repair bladder neck	9.73	NA	NA	NA	NA	NA	NA	NA	0.85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	20.75	090
51860		A	Repair of bladder wound	12.02	NA	NA	NA	NA	NA	NA	NA	0.71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	20.61	090
51865		A	Repair of bladder wound	15.04	NA	NA	NA	NA	NA	NA	NA	0.99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	26.91	090
51880		A	Repair of bladder opening	7.66	NA	NA	NA	NA	NA	NA	NA	0.41	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	13.32	090
51900		A	Repair bladder/vagina lesion	12.97	NA	NA	NA	NA	NA	NA	NA	1.10	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	25.39	090
51920		A	Close bladder-uterus fistula	11.81	NA	NA	NA	NA	NA	NA	NA	0.57	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	20.07	090
51925		A	Hysterectomy/bladder repair	15.58	NA	NA	NA	NA	NA	NA	NA	1.82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	27.78	090
51940		A	Correction of bladder defect	26.81	NA	NA	NA	NA	NA	NA	NA	1.74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	47.52	090
51960		A	Revision of bladder & bowel	23.01	NA	NA	NA	NA	NA	NA	NA	1.78	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	45.11	090
51980		A	Construct bladder opening	11.36	NA	NA	NA	NA	NA	NA	NA	0.59	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	19.62	090
52000		A	Cystoscopy	2.01	2.78	1.78	0.93	0.77	0.77	0.93	0.77	0.11	4.90	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	2.89	000
52005		A	Cystoscopy & ureter catheter	2.37	4.39	2.89	1.04	2.05	2.05	1.04	2.05	0.17	6.93	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05	4.59	000
52007		A	Cystoscopy and biopsy	3.02	NA	NA	1.26	2.61	2.61	1.26	2.61	0.22	NA	2.61	2.61	2.61	2.61	2.61	2.61	2.61	2.61	2.61	5.85	000
52010		A	Cystoscopy & duct catheter	3.02	4.67	2.71	1.29	2.71	2.71	1.29	2.71	0.16	7.85	2.71	2.71	2.71	2.71	2.71	2.71	2.71	2.71	2.71	4.28	000
52204		A	Cystoscopy	2.37	5.09	3.21	1.04	2.20	2.20	1.04	2.20	0.19	7.65	2.20	2.20	2.20	2.20	2.20	2.20	2.20	2.20	2.20	4.76	000
52214		A	Cystoscopy and treatment	3.71	5.46	3.65	1.49	2.65	2.65	1.49	2.65	0.22	9.39	2.65	2.65	2.65	2.65	2.65	2.65	2.65	2.65	2.65	6.58	000
52224		A	Cystoscopy and treatment	3.14	5.33	3.70	1.30	2.69	2.69	1.30	2.69	0.23	8.70	2.69	2.69	2.69	2.69	2.69	2.69	2.69	2.69	2.69	6.06	000
52234		A	Cystoscopy and treatment	4.63	6.16	5.37	1.80	4.28	4.28	1.80	4.28	0.35	11.14	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	9.26	000
52235		A	Cystoscopy and treatment	5.45	6.43	6.49	2.07	5.40	5.40	2.07	5.40	0.63	12.51	5.40	5.40	5.40	5.40	5.40	5.40	5.40	5.40	5.40	11.48	000
52240		A	Cystoscopy and treatment	9.72	7.85	10.63	3.49	9.54	9.54	3.49	9.54	0.81	18.38	9.54	9.54	9.54	9.54	9.54	9.54	9.54	9.54	9.54	20.07	000
52250		A	Cystoscopy & radiotracer	4.50	NA	NA	1.76	2.77	2.77	1.76	2.77	0.23	NA	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	7.50	000
52260		A	Cystoscopy & treatment	3.92	NA	NA	1.64	2.13	2.13	1.64	2.13	0.17	NA	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	6.22	000
52265		A	Cystoscopy & treatment	2.94	3.15	1.89	1.24	0.87	0.87	1.24	0.87	0.11	6.20	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	3.92	000
52270		A	Cystoscopy & revise urethra	3.37	5.66	4.24	1.42	3.18	3.18	1.42	3.18	0.27	9.30	3.18	3.18	3.18	3.18	3.18	3.18	3.18	3.18	3.18	6.82	000
52275		A	Cystoscopy & revise urethra	4.70	6.26	4.35	1.86	3.25	3.25	1.86	3.25	0.27	11.23	3.25	3.25	3.25	3.25	3.25	3.25	3.25	3.25	3.25	8.22	000
52276		A	Cystoscopy and treatment	5.00	6.37	5.32	1.96	4.22	4.22	1.96	4.22	0.35	11.72	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	9.57	000
52277		A	Cystoscopy and treatment	6.17	NA	NA	2.33	4.51	4.51	2.33	4.51	0.37	NA	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	11.05	000



## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non- facility			Facility			Transitioned Facility			Non- facility			Transitioned Non- facility			Facility			Transitioned Facility			Global		
					practice RVUs	expense RVUs	practice RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	Total	Total	Total
52281	A		Cystoscopy and treatment	2.80	3.14	2.67	1.19	1.24	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	4.17	4.22	000
52282	A		Cystoscopy, implant stent	6.40	6.62	5.38	2.39	4.33	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	9.14	11.08	000
52283	A		Cystoscopy and treatment	3.74	5.70	2.66	1.51	1.61	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	5.37	5.47	000
52285	A		Cystoscopy and treatment	3.61	5.89	3.87	1.46	1.57	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	5.30	5.41	000
52290	A		Cystoscopy and treatment	4.59	NA	NA	1.79	2.35	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	6.57	7.13	000
52300	A		Cystoscopy and treatment	5.31	NA	NA	2.02	3.33	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	7.61	8.92	000
52301	A		Cystoscopy and treatment	5.51	NA	NA	2.15	3.37	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	7.94	9.16	000
52305	A		Cystoscopy and treatment	5.31	NA	NA	2.02	3.36	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	7.60	8.94	000
52310	A		Cystoscopy and treatment	2.81	13.05	5.69	1.19	2.73	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	4.23	5.77	000
52315	A		Cystoscopy and treatment	5.21	14.01	6.82	1.99	3.81	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	7.51	9.33	000
52317	A		Remove bladder stone	6.72	20.54	10.18	2.50	5.67	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	9.68	12.85	000
52318	A		Remove bladder stone	9.19	NA	NA	3.32	7.24	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	13.11	17.03	000
52320	A		Cystoscopy and treatment	4.70	NA	NA	1.80	4.40	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	6.87	9.47	000
52325	A		Cystoscopy, stone removal	6.16	NA	NA	2.30	6.10	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	8.99	12.79	000
52327	A		Cystoscopy, inject material	5.19	NA	NA	1.98	3.50	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	7.45	8.97	000
52330	A		Cystoscopy and treatment	5.04	17.57	7.22	1.93	3.31	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	7.24	8.62	000
52332	A		Cystoscopy and treatment	2.83	25.55	9.00	1.20	2.84	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	4.28	5.92	000
52334	A		Create passage to kidney	4.83	NA	NA	1.87	3.18	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	6.97	8.28	000
52335	A		Endoscopy of urinary tract	5.86	NA	NA	2.21	4.37	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	8.42	10.58	000
52336	A		Cystoscopy, stone removal	6.88	NA	NA	2.55	6.80	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	10.20	14.45	000
52337	A		Cystoscopy, stone removal	7.97	NA	NA	2.91	7.87	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	11.72	16.68	000
52338	A		Cystoscopy and treatment	7.34	NA	NA	2.70	5.49	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	10.49	13.28	000
52339	A		Cystoscopy and treatment	8.82	NA	NA	3.17	5.61	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	12.44	14.88	000
52340	A		Cystoscopy and treatment	9.68	NA	NA	5.03	5.45	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	15.10	15.52	090
52450	A		Incision of prostate	7.64	NA	NA	5.64	5.48	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	13.66	13.50	090
52500	A		Revision of bladder neck	8.47	NA	NA	5.92	7.53	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	14.95	16.56	090
52510	A		Dilation prostatic urethra	6.72	NA	NA	5.03	7.27	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	12.33	14.57	090
52601	A		Prostatectomy (TURP)	12.37	NA	NA	7.21	11.46	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	20.49	24.74	090
52606	A		Control postop bleeding	8.13	NA	NA	5.17	3.99	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	13.56	12.38	090
52612	A		Prostatectomy, first stage	7.98	NA	NA	5.53	8.53	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	14.28	17.28	090
52614	A		Prostatectomy, second stage	6.84	NA	NA	5.38	7.11	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	12.75	14.48	090
52620	A		Remove residual prostate	6.61	NA	NA	5.30	5.66	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	12.31	12.67	090
52630	A		Remove prostate regrowth	7.26	NA	NA	5.52	7.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	13.66	16.02	090
52640	A		Relieve bladder contracture	6.62	NA	NA	4.99	6.48	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	12.10	13.59	090
52647	A		Laser surgery of prostate	10.36	NA	NA	6.56	10.92	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	17.83	22.19	090
52648	A		Laser surgery of prostate	11.21	NA	NA	6.82	11.37	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	18.94	23.49	090
52700	A		Drainage of prostate abscess	6.80	NA	NA	5.36	4.03	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	12.43	11.10	090
53000	A		Incision of urethra	2.28	5.71	2.86	2.22	1.99	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	4.63	4.40	010
53010	A		Incision of urethra	3.64	NA	NA	3.53	3.75	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	7.46	7.68	090
53020	A		Incision of urethra	1.77	3.59	1.57	0.63	0.83	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	2.47	2.67	000

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1 CPT codes and descriptions only are copyright 1998 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

2 Copyright 1994 American Dental Association. All rights reserved.

3 \*Indicates RVUs are not used for Medicare payment.



# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitioned		Facility		Mal-practice		Non-facility		Transitioned		Facility		Global
					practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	RVUs	RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	
53025	A		Incision of urethra	1.13	2.67	1.32	0.76	0.41	0.76	0.06	3.86	2.51	1.60	1.95	000				000
53040	A		Drainage of urethra abscess	6.40	7.88	3.48	3.94	9.73	14.43	0.15	14.43	10.03	16.28	10.49	090				090
53060	A		Drainage of urethra abscess	2.63	5.39	1.76	0.97	2.21	8.07	0.05	8.07	4.44	4.89	3.65	010				010
53080	A		Drainage of urinary leakage	6.29	NA	NA	5.07	7.30	NA	0.35	NA	NA	13.94	11.71	090				090
53085	A		Drainage of urinary leakage	10.27	NA	NA	7.62	8.50	NA	0.55	NA	NA	19.32	18.44	090				090
53200	A		Biopsy of urethra	2.59	4.53	2.03	1.12	0.91	7.21	0.09	7.21	4.71	3.59	3.80	000				000
53210	A		Removal of urethra	12.57	NA	NA	7.18	7.09	NA	0.52	NA	NA	20.18	20.27	090				090
53215	A		Removal of urethra	15.58	NA	NA	10.09	7.81	NA	0.75	NA	NA	24.14	26.42	090				090
53220	A		Treatment of urethra lesion	7.00	NA	NA	5.06	4.70	NA	0.38	NA	NA	12.08	12.44	090				090
53230	A		Removal of urethra lesion	9.58	NA	NA	7.85	5.57	NA	0.62	NA	NA	15.77	18.05	090				090
53235	A		Removal of urethra lesion	10.14	NA	NA	5.53	5.77	NA	0.38	NA	NA	16.29	16.05	090				090
53240	A		Surgery for urethra pouch	6.45	NA	NA	4.66	4.52	NA	0.35	NA	NA	11.32	11.46	090				090
53250	A		Removal of urethra gland	5.89	NA	NA	4.27	3.87	NA	0.31	NA	NA	10.07	10.47	090				090
53260	A		Treatment of urethra lesion	2.98	5.01	2.17	1.42	2.00	8.12	0.13	8.12	5.28	5.11	4.53	010				010
53265	A		Treatment of urethra lesion	3.12	5.43	2.89	2.03	1.99	8.72	0.17	8.72	6.18	5.28	5.32	010				010
53270	A		Removal of urethra gland	3.09	5.15	1.97	0.88	2.12	8.38	0.14	8.38	5.20	5.35	4.11	010				010
53275	A		Repair of urethra defect	4.53	NA	NA	2.71	3.12	NA	0.20	NA	NA	7.85	7.44	010				010
53400	A		Revise urethra, 1st stage	12.77	NA	NA	7.80	6.86	NA	0.59	NA	NA	20.22	21.16	090				090
53405	A		Revise urethra, 2nd stage	14.48	NA	NA	10.26	7.27	NA	0.95	NA	NA	22.70	25.69	090				090
53410	A		Reconstruction of urethra	16.44	NA	NA	9.00	8.13	NA	0.66	NA	NA	25.23	26.10	090				090
53415	A		Reconstruction of urethra	19.41	NA	NA	11.38	6.89	NA	0.90	NA	NA	27.20	31.69	090				090
53420	A		Reconstruct urethra, stage 1	14.08	NA	NA	10.73	7.47	NA	0.82	NA	NA	22.37	25.63	090				090
53425	A		Reconstruct urethra, stage 2	15.98	NA	NA	9.55	8.06	NA	0.69	NA	NA	24.73	26.22	090				090
53430	A		Reconstruction of urethra	16.34	NA	NA	7.88	8.21	NA	0.59	NA	NA	25.14	24.81	090				090
53440	A		Correct bladder function	12.34	NA	NA	12.42	6.91	NA	1.09	NA	NA	20.34	25.85	090				090
53442	A		Remove perineal prosthesis	8.27	NA	NA	6.03	5.09	NA	0.52	NA	NA	13.88	14.82	090				090
53443	A		Reconstruction of urethra	19.89	NA	NA	10.42	9.02	NA	0.84	NA	NA	29.75	31.15	090				090
53445	A		Correct urine flow control	14.06	NA	NA	14.48	7.53	NA	1.59	NA	NA	23.18	30.13	090				090
53447	A		Remove artificial sphincter	13.17	NA	NA	9.20	6.99	NA	0.70	NA	NA	20.86	23.07	090				090
53449	A		Correct artificial sphincter	9.70	NA	NA	8.28	5.72	NA	0.64	NA	NA	16.06	18.62	090				090
53450	A		Revision of urethra	6.14	NA	NA	3.30	4.27	NA	0.21	NA	NA	10.62	9.65	090				090
53460	A		Revision of urethra	7.12	NA	NA	3.16	4.68	NA	0.20	NA	NA	12.00	10.48	090				090
53502	A		Repair of urethra injury	7.63	NA	NA	5.30	5.02	NA	0.44	NA	NA	13.09	13.37	090				090
53505	A		Repair of urethra injury	7.63	NA	NA	5.42	4.82	NA	0.40	NA	NA	12.85	13.45	090				090
53510	A		Repair of urethra injury	10.11	NA	NA	7.19	6.00	NA	0.52	NA	NA	16.63	17.82	090				090
53515	A		Repair of urethra injury	13.31	NA	NA	9.05	6.79	NA	0.69	NA	NA	20.79	23.05	090				090
53520	A		Repair of urethra defect	8.68	NA	NA	6.09	5.20	NA	0.44	NA	NA	14.32	15.21	090				090
53600	A		Dilate urethra stricture	1.21	3.52	1.15	0.25	0.46	4.75	0.02	4.75	2.38	1.69	1.48	000				000
53601	A		Dilate urethra stricture	0.98	3.45	1.10	0.22	0.39	4.45	0.02	4.45	2.10	1.39	1.22	000				000
53605	A		Dilate urethra stricture	1.28	NA	NA	0.55	0.68	NA	0.04	NA	NA	2.00	1.87	000				000

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3 -Indicates RVUs are not used for Medicare payment.



CPT 1/ HCPCS 2	Mod	Status	Description	Physician work 3 RVUs	Non- facility			Transitioned Facility			Transitioned Non- facility			Transitioned Facility			Global
					practice expense RVUs	practice expense RVUs	practice expense RVUs	Mal- practice RVUs	Non- facility Total	Non- facility	Total	Facility Total	Facility				
53620	A	A	Dilate urethra stricture	1.62	5.24	1.69	0.80	0.40	0.04	6.90	3.35	2.46	2.06	000			
53621	A	A	Dilate urethra stricture	1.35	5.22	1.61	0.70	0.33	0.03	6.60	2.99	2.08	1.71	000			
53660	A	A	Dilation of urethra	0.71	3.27	1.04	0.30	0.19	0.02	4.00	1.77	1.03	0.92	000			
53661	A	A	Dilation of urethra	0.72	3.35	1.04	0.24	0.17	0.02	4.09	1.78	0.98	0.91	000			
53665	A	A	Dilation of urethra	0.76	NA	NA	0.58	0.44	0.03	NA	NA	1.37	1.23	000			
53670	A	A	Insert urinary catheter	0.50	3.17	0.97	0.17	0.13	0.02	3.69	1.49	0.69	0.65	000			
53675	A	A	Insert urinary catheter	1.47	4.22	1.44	0.74	0.57	0.04	5.73	2.95	2.25	2.08	000			
53850	A	A	Prostatic microwave thermox	9.45	NA	NA	6.24	7.02	0.52	NA	NA	16.21	16.99	090			
53852	A	A	Prostatic rf thermox	9.88	NA	NA	6.38	7.30	0.54	NA	NA	16.80	17.72	090			
53899	C	C	Urology surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY			
54000	A	A	Slitting of prepuce	1.54	4.81	1.71	1.30	0.84	0.05	6.40	3.30	2.89	2.43	010			
54001	A	A	Slitting of prepuce	2.19	5.19	1.98	1.79	1.13	0.07	7.45	4.24	4.05	3.39	010			
54015	A	A	Drain penis lesion	5.32	6.07	2.19	2.88	1.40	0.07	11.46	7.58	8.27	6.79	010			
54050	A	A	Destruction, penis lesion(s)	1.24	1.90	0.78	0.52	0.29	0.02	3.16	2.04	1.78	1.55	010			
54055	A	A	Destruction, penis lesion(s)	1.22	5.08	1.77	1.22	0.55	0.05	6.35	3.04	2.49	1.82	010			
54056	A	A	Cryosurgery, penis lesion(s)	1.24	2.17	0.98	0.54	0.35	0.03	3.44	2.25	1.81	1.62	010			
54057	A	A	Laser surg, penis lesion(s)	1.24	2.01	1.74	1.21	1.41	0.16	3.41	3.14	2.61	2.81	010			
54060	A	A	Excision of penis lesion(s)	1.93	4.30	2.03	1.44	1.31	0.09	6.32	4.05	3.46	3.33	010			
54065	A	A	Destruction, penis lesion(s)	2.42	4.28	3.08	1.85	1.47	0.20	6.90	5.70	4.47	4.09	010			
54100	A	A	Biopsy of penis	1.90	2.91	1.26	0.70	0.71	0.05	4.86	3.21	2.65	2.66	000			
54105	A	A	Biopsy of penis	3.50	5.42	2.18	1.97	1.32	0.09	9.01	5.77	5.56	4.91	010			
54110	A	A	Treatment of penis lesion	10.13	NA	NA	7.21	6.71	0.48	NA	NA	17.82	17.32	090			
54111	A	A	Treat penis lesion, graft	13.57	NA	NA	8.40	9.57	0.76	NA	NA	22.73	23.90	090			
54112	A	A	Treat penis lesion, graft	15.86	NA	NA	9.47	11.19	0.89	NA	NA	26.22	27.94	090			
54115	A	A	Treatment of penis lesion	6.15	9.67	5.82	5.96	4.90	0.34	16.16	12.31	12.45	11.39	090			
54120	A	A	Partial removal of penis	9.97	NA	NA	7.27	7.08	0.49	NA	NA	17.73	17.54	090			
54125	A	A	Removal of penis	13.53	NA	NA	8.39	11.51	0.92	NA	NA	22.84	25.96	090			
54130	A	A	Remove penis & nodes	20.14	NA	NA	10.86	14.65	1.03	NA	NA	32.03	35.82	090			
54135	A	A	Remove penis & nodes	26.36	NA	NA	12.95	17.68	1.36	NA	NA	40.67	45.40	090			
54150	A	A	Circumcision	1.81	4.62												

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CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned		Transitioned		Transitioned		Global	
					practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Mal- practice RVUs	Non- facility		Facility		
										Total	facility	Total		facility
54240	26	A	Penis study	1.31	0.44	0.52	0.44	0.52	0.05	1.80	1.88	1.80	1.88	000
54240	TC	A	Penis study	0.00	0.52	0.52	0.52	0.52	0.05	0.57	0.57	0.57	0.57	000
54250		A	Penis study	2.22	1.06	0.92	1.06	0.92	0.06	3.34	3.20	3.34	3.20	000
54250	26	A	Penis study	2.22	0.73	0.59	0.73	0.59	0.04	2.99	2.85	2.99	2.85	000
54250	TC	A	Penis study	0.00	0.33	0.33	0.33	0.33	0.02	0.35	0.35	0.35	0.35	000
54300		A	Revision of penis	10.41	NA	NA	7.73	7.54	0.68	NA	18.82	18.63	18.63	090
54304		A	Revision of penis	12.49	NA	NA	8.90	9.28	0.70	NA	22.09	22.47	22.47	090
54308		A	Reconstruction of urethra	11.83	NA	NA	10.63	7.41	0.58	NA	23.04	19.82	19.82	090
54312		A	Reconstruction of urethra	13.57	NA	NA	10.63	10.29	0.71	NA	24.91	24.57	24.57	090
54316		A	Reconstruction of urethra	16.82	NA	NA	10.51	11.86	0.88	NA	28.21	29.56	29.56	090
54318		A	Reconstruction of urethra	11.25	NA	NA	8.40	8.23	0.87	NA	20.52	20.35	20.35	090
54322		A	Reconstruction of urethra	13.01	NA	NA	8.21	8.25	0.58	NA	21.80	21.84	21.84	090
54324		A	Reconstruction of urethra	16.31	NA	NA	10.50	11.57	0.84	NA	27.65	28.72	28.72	090
54326		A	Reconstruction of urethra	15.72	NA	NA	10.51	11.19	0.81	NA	27.04	27.72	27.72	090
54328		A	Revise penis, urethra	15.65	NA	NA	9.82	11.18	0.97	NA	26.44	27.80	27.80	090
54332		A	Revise penis, urethra	17.08	NA	NA	10.14	12.73	0.88	NA	28.10	30.69	30.69	090
54336		A	Revise penis, urethra	20.04	NA	NA	13.09	18.57	1.10	NA	34.23	39.71	39.71	090
54340		A	Secondary urethral surgery	8.91	NA	NA	6.69	6.62	0.46	NA	16.06	15.99	15.99	090
54344		A	Secondary urethral surgery	15.94	NA	NA	10.28	16.09	0.86	NA	27.08	32.89	32.89	090
54348		A	Secondary urethral surgery	17.15	NA	NA	11.15	12.25	0.89	NA	29.19	30.29	30.29	090
54352		A	Reconstruct urethra, penis	24.74	NA	NA	13.38	16.52	1.17	NA	39.29	42.43	42.43	090
54360		A	Penis plastic surgery	11.93	NA	NA	7.99	7.71	0.57	NA	20.49	20.21	20.21	090
54380		A	Repair penis	13.18	NA	NA	8.17	9.71	0.59	NA	21.94	23.48	23.48	090
54385		A	Repair penis	15.39	NA	NA	9.08	10.78	0.70	NA	25.17	26.87	26.87	090
54390		A	Repair penis and bladder	21.61	NA	NA	12.31	14.13	1.24	NA	35.16	36.98	36.98	090
54400		A	Insert semi-rigid prosthesis	8.99	NA	NA	5.66	9.46	0.99	NA	15.64	19.44	19.44	090
54401		A	Insert self-contd prosthesis	10.28	NA	NA	6.30	10.78	1.35	NA	17.93	22.41	22.41	090
54402		A	Remove penis prosthesis	9.21	NA	NA	5.61	6.29	0.45	NA	15.27	15.95	15.95	090
54405		A	Insert multi-comp prosthesis	13.43	NA	NA	7.29	13.85	1.64	NA	22.36	28.92	28.92	090
54407		A	Remove multi-comp prosthesis	13.34	NA	NA	7.01	10.89	0.86	NA	21.21	25.09	25.09	090
54409		A	Revise penis prosthesis	12.20	NA	NA	6.59	8.95	0.68	NA	19.47	21.83	21.83	090
54420		A	Revision of penis	11.42	NA	NA	7.68	8.22	0.68	NA	19.78	20.32	20.32	090
54430		A	Revision of penis	10.15	NA	NA	7.22	7.50	0.54	NA	17.91	18.19	18.19	090
54435		A	Revision of penis	6.12	NA	NA	5.59	4.77	0.31	NA	12.02	11.20	11.20	090
54440		C	Repair of penis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
54450		A	Preputial stretching	1.12	0.91	0.78	0.43	0.66	0.05	2.08	1.95	1.60	1.83	000
54500		A	Biopsy of testis	1.31	5.40	1.71	0.73	0.54	0.04	6.75	3.06	2.08	1.89	000
54505		A	Biopsy of testis	3.46	NA	NA	2.44	2.13	0.17	NA	6.07	5.76	5.76	010
54510		A	Removal of testis lesion	5.45	NA	NA	3.24	3.28	0.30	NA	8.99	9.03	9.03	090
54520		A	Removal of testis	5.23	NA	NA	3.33	5.15	0.41	NA	8.97	10.79	10.79	090



## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitioned		Facility		Transitioned		Facility		Transitioned		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
54530	A		Removal of testis	8.58	NA	NA	4.86	7.17	0.60	NA	NA	14.04	16.35	090	090	090	090
54535	A		Extensive testis surgery	12.16	NA	NA	6.43	8.56	0.80	NA	NA	19.39	21.52	090	090	090	090
54550	A		Exploration for testis	7.78	NA	NA	4.45	5.39	0.48	NA	NA	12.71	13.65	090	090	090	090
54560	A		Exploration for testis	11.13	NA	NA	6.04	7.40	0.63	NA	NA	17.80	19.16	090	090	090	090
54600	A		Reduce testis torsion	7.01	NA	NA	3.98	4.75	0.38	NA	NA	11.37	12.14	090	090	090	090
54620	A		Suspension of testis	4.90	NA	NA	2.93	3.43	0.26	NA	NA	8.09	8.59	010	010	090	090
54640	A		Suspension of testis	6.90	NA	NA	3.98	7.18	0.71	NA	NA	11.59	14.79	090	090	090	090
54650	A		Orchiopexy (Fowler-Stephens)	11.45	NA	NA	6.31	7.95	0.71	NA	NA	18.47	20.11	090	090	090	090
54660	A		Revision of testis	5.11	NA	NA	3.16	3.56	0.27	NA	NA	8.54	8.94	090	090	090	090
54670	A		Repair testis injury	6.41	NA	NA	3.98	4.50	0.34	NA	NA	10.73	11.25	090	090	090	090
54680	A		Relocation of testis(es)	12.65	NA	NA	6.47	8.29	0.63	NA	NA	19.75	21.57	090	090	090	090
54700	A		Drainage of scrotum	3.43	7.68	2.66	3.08	1.51	0.09	11.20	6.18	6.60	5.03	010	010	000	000
54800	A		Bopsy of epididymis	2.33	4.45	2.72	1.03	1.86	0.15	6.93	5.20	3.51	4.34	000	000	090	090
54820	A		Exploration of epididymis	5.14	NA	NA	3.30	2.96	0.23	NA	NA	8.67	8.33	090	090	090	090
54830	A		Remove epididymis lesion	5.38	NA	NA	3.40	3.71	0.31	NA	NA	9.09	9.40	090	090	090	090
54840	A		Remove epididymis lesion	5.20	NA	NA	3.39	4.79	0.38	NA	NA	8.97	10.37	090	090	090	090
54860	A		Removal of epididymis	6.32	NA	NA	3.90	5.18	0.39	NA	NA	10.61	11.89	090	090	090	090
54861	A		Removal of epididymis	8.90	NA	NA	4.83	7.15	0.56	NA	NA	14.29	16.61	090	090	090	090
54900	A		Fusion of spermatic ducts	13.20	NA	NA	6.55	8.92	0.68	NA	NA	20.43	22.80	090	090	090	090
54901	A		Fusion of spermatic ducts	17.94	NA	NA	8.73	12.19	0.94	NA	NA	27.61	31.07	090	090	090	090
55000	A		Drainage of spermatic ducts	1.43	1.52	0.70	0.76	0.36	0.03	2.98	2.16	2.22	1.82	000	000	000	000
55040	A		Removal of hydrocele	5.36	NA	NA	3.22	4.78	0.43	NA	NA	9.01	10.57	090	090	090	090
55041	A		Removal of hydroceles	7.74	NA	NA	4.27	7.15	0.63	NA	NA	12.64	15.52	090	090	090	090
55060	A		Repair of hydrocele	5.52	NA	NA	3.28	4.18	0.39	NA	NA	9.19	10.09	090	090	090	090
55100	A		Drainage of scrotum abscess	2.13	8.96	2.75	3.16	1.30	0.05	11.14	4.93	5.34	3.48	010	010	090	090
55110	A		Explore scrotum	5.70	NA	NA	3.37	3.68	0.29	NA	NA	9.36	9.67	090	090	090	090
55120	A		Removal of scrotum lesion	5.09	NA	NA	3.17	2.25	0.16	NA	NA	8.42	7.50	090	090	090	090
55150	A		Removal of scrotum	7.22	NA	NA	4.28	5.50	0.45	NA	NA	11.95	13.17	090	090	090	090
55175	A		Revision of scrotum	5.24	NA	NA	3.40	4.50	0.38	NA	NA	9.02	10.12	090	090	090	090
55180	A		Revision of scrotum	10.72	NA	NA	6.09	7.08	0.64	NA	NA	17.45	18.44	090	090	090	090
55200	A		Incision of sperm duct	4.24	NA	NA	2.87	2.32	0.16	NA	NA	7.27	6.72	090	090	090	090
55250	A		Removal of sperm duct	3.29	8.19	4.19	2.78	1.77	0.22	11.70	7.70	6.29	5.28	090	090	090	090
55300	A		Preparation, sperm duct x-ray	3.51	NA	NA	1.54	2.59	0.21	NA	NA	5.26	6.31	000	000	000	000
55400	A		Repair of sperm duct	8.49	NA	NA	5.45	6.70	0.49	NA	NA	14.43	15.68	090	090	090	090
55450	A		Ligation of sperm duct	4.12	3.97	3.12	2.29	2.70	0.25	8.34	7.49	6.66	7.07	010	010	090	090
55500	A		Removal of hydrocele	5.59	NA	NA	3.38	4.36	0.39	NA	NA	9.36	10.34	090	090	090	090
55520	A		Removal of sperm cord lesion	6.03	NA	NA	3.38	3.39	0.40	NA	NA	9.81	9.82	090	090	090	090
55530	A		Revise spermatic cord veins	5.66	NA	NA	3.49	5.10	0.47	NA	NA	9.62	11.23	090	090	090	090
55535	A		Revise spermatic cord veins	6.56	NA	NA	4.00	4.59	0.35	NA	NA	10.91	11.50	090	090	090	090
55540	A		Revise hernia & sperm veins	7.67	NA	NA	4.01	4.70	0.71	NA	NA	12.39	13.08	090	090	090	090

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					RVUs	expense	RVUs	practice	RVUs	expense	RVUs	practice	RVUs	Total	Non- facility	Total	RVUs	Total	Non- facility	Total	RVUs	Total	
55600		A	Incise sperm duct pouch	6.38	NA	NA	NA	NA	4.03	4.52	0.43	0.43	0.43	0.43	NA	NA	NA	NA	10.84	11.33	11.33	0.90	
55605		A	Incise sperm duct pouch	7.96	NA	NA	NA	NA	4.80	5.76	0.46	0.46	0.46	0.46	NA	NA	NA	NA	13.22	14.18	14.18	0.90	
55650		A	Remove sperm duct pouch	11.80	NA	NA	NA	NA	5.99	7.38	0.59	0.59	0.59	0.59	NA	NA	NA	NA	18.38	19.77	19.77	0.90	
55680		A	Remove sperm pouch lesion	5.19	NA	NA	NA	NA	3.43	4.47	0.30	0.30	0.30	0.30	NA	NA	NA	NA	8.92	9.96	9.96	0.90	
55700		A	Biopsy of prostate	1.57	3.15	2.01	2.01	2.01	0.81	0.82	0.12	0.12	0.12	0.12	4.84	3.70	3.70	3.70	2.50	2.51	2.51	0.00	
55705		A	Biopsy of prostate	4.57	NA	NA	NA	NA	3.34	3.58	0.27	0.27	0.27	0.27	NA	NA	NA	NA	8.18	8.42	8.42	0.10	
55720		A	Drainage of prostate abscess	7.64	NA	NA	NA	NA	5.06	4.12	0.29	0.29	0.29	0.29	NA	NA	NA	NA	12.99	12.05	12.05	0.90	
55725		A	Drainage of prostate abscess	8.68	NA	NA	NA	NA	5.47	5.94	0.42	0.42	0.42	0.42	NA	NA	NA	NA	14.57	15.04	15.04	0.90	
55801		A	Removal of prostate	17.80	NA	NA	NA	NA	8.59	12.54	1.13	1.13	1.13	1.13	NA	NA	NA	NA	27.52	31.47	31.47	0.90	
55810		A	Extensive prostate surgery	22.58	NA	NA	NA	NA	10.56	17.19	1.38	1.38	1.38	1.38	NA	NA	NA	NA	34.52	41.15	41.15	0.90	
55812		A	Extensive prostate surgery	27.51	NA	NA	NA	NA	12.44	17.50	1.52	1.52	1.52	1.52	NA	NA	NA	NA	41.47	46.53	46.53	0.90	
55815		A	Extensive prostate surgery	30.46	NA	NA	NA	NA	13.50	23.89	1.89	1.89	1.89	1.89	NA	NA	NA	NA	45.85	56.24	56.24	0.90	
55821		A	Extensive prostate surgery	14.25	NA	NA	NA	NA	7.25	12.88	1.06	1.06	1.06	1.06	NA	NA	NA	NA	22.56	28.19	28.19	0.90	
55821		A	Removal of prostate	15.62	NA	NA	NA	NA	7.72	13.78	1.13	1.13	1.13	1.13	NA	NA	NA	NA	24.47	30.53	30.53	0.90	
55831		A	Removal of prostate	22.69	NA	NA	NA	NA	11.05	16.28	1.26	1.26	1.26	1.26	NA	NA	NA	NA	35.00	40.23	40.23	0.90	
55840		A	Extensive prostate surgery	24.38	NA	NA	NA	NA	11.67	18.51	1.47	1.47	1.47	1.47	NA	NA	NA	NA	37.52	44.36	44.36	0.90	
55842		A	Extensive prostate surgery	28.55	NA	NA	NA	NA	12.88	23.65	1.91	1.91	1.91	1.91	NA	NA	NA	NA	43.34	54.11	54.11	0.90	
55845		A	Extensive prostate surgery	12.52	NA	NA	NA	NA	7.39	6.64	0.45	0.45	0.45	0.45	NA	NA	NA	NA	20.36	19.61	19.61	0.90	
55859		A	Percut/needle insert, pros	14.45	NA	NA	NA	NA	7.54	7.69	0.55	0.55	0.55	0.55	NA	NA	NA	NA	22.54	22.69	22.69	0.90	
55860		A	Surgical exposure, prostate	18.39	NA	NA	NA	NA	8.71	11.70	0.94	0.94	0.94	0.94	NA	NA	NA	NA	28.04	31.03	31.03	0.90	
55862		A	Extensive prostate surgery	22.87	NA	NA	NA	NA	10.34	22.54	1.87	1.87	1.87	1.87	NA	NA	NA	NA	35.08	47.28	47.28	0.90	
55865		A	Extensive prostate surgery	2.58	1.61	1.90	1.90	1.90	0.93	1.73	0.14	0.14	0.14	0.14	4.33	4.62	4.62	4.62	3.65	4.45	4.45	0.00	
55870		A	Electroejaculation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	
55899		C	Genital surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
55970		N	Sex transformation, M to F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
55980		N	Sex transformation, F to M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
56300		A	Laparoscopy; diagnostic	5.10	NA	NA	NA	NA	2.93	4.36	0.73	0.73	0.73	0.73	NA	NA	NA	NA	8.76	10.19	10.19	0.10	
56301		A	Laparoscopy; tubal cautery	5.60	NA	NA	NA	NA	3.53	4.72	1.00	1.00	1.00	1.00	NA	NA	NA	NA	10.13	11.32	11.32	0.10	
56302		A	Laparoscopy; tubal cautery	5.60	NA	NA	NA	NA	3.54	5.17	1.03	1.03	1.03	1.03	NA	NA	NA	NA	10.17	11.80	11.80	0.10	
56303		A	Laparoscopy; tubal block	11.79	NA	NA	NA	NA	5.45	5.86	0.91	0.91	0.91	0.91	NA	NA	NA	NA	18.15	18.56	18.56	0.90	
56304		A	Laparoscopy; excise lesions	11.29	NA	NA	NA	NA	5.24	5.87	0.94	0.94	0.94	0.94	NA	NA	NA	NA	17.47	18.10	18.10	0.90	
56304		A	Laparoscopy; lysis	5.40	NA	NA	NA	NA	2.93	4.72	0.62	0.62	0.62	0.62	NA	NA	NA	NA	8.95	10.74	10.74	0.10	
56305		A	Laparoscopy; biopsy	5.70	NA	NA	NA	NA	3.34	4.80	0.92	0.92	0.92	0.92	NA	NA	NA	NA	9.96	11.42	11.42	0.10	
56306		A	Laparoscopy; aspiration	11.05	NA	NA	NA	NA	4.91	7.06	1.25	1.25	1.25	1.25	NA	NA	NA	NA	17.21	19.36	19.36	0.10	
56307		A	Laparoscopy; remove adnexa	14.19	NA	NA	NA	NA	6.31	9.22	1.62	1.62	1.62	1.62	NA	NA	NA	NA	22.12	25.03	25.03	0.10	
56308		A	Laparoscopy; hysterectomy	14.21	NA	NA	NA	NA	6.30	5.45	0.81	0.81	0.81	0.81	NA	NA	NA	NA	21.32	20.47	20.47	0.10	
56309		A	Laparoscopy; remove myoma	14.44	NA	NA	NA	NA	7.24	8.55	1.37	1.37	1.37	1.37	NA	NA	NA	NA	23.05	24.36	24.36	0.90	
56310		A	Laparoscopic enterolysis	9.25	NA	NA	NA	NA	4.65	6.35	1.15	1.15	1.15	1.15	NA	NA	NA	NA	15.05	16.75	16.75	0.10	
56311		A	Laparoscopic lymph node biop	12.38	NA	NA	NA	NA	5.73	8.40	0.66	0.66	0.66	0.66	NA	NA	NA	NA	18.77	21.44	21.44	0.10	
56312		A	Laparoscopic lymphadenectomy	14.32	NA	NA	NA	NA	6.97	9.89	1.81	1.81	1.81	1.81	NA	NA	NA	NA	23.10	26.02	26.02	0.10	
56313		A	Laparoscopic lymphadenectomy	9.48	NA	NA	NA	NA	4.76	6.67	0.52	0.52	0.52	0.52	NA	NA	NA	NA	14.76	16.67	16.67	0.90	
56314		A	Lapar; drain lymphocele																				

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3 \*Indicates RVUs are not used for Medicare payment.



CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Transitional							Transitioned											
				Physician work			Non-facility		Facility		Mal-practice			Non-facility		Facility		Transitioned				
				RVUs <sup>3</sup>	practice expense	RVUs	practice expense	RVUs	practice expense	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	Total	Non- facility	Total	Facility	Total	Transitioned Facility
A	Laparoscopic appendectomy	8.70	NA	NA	4.36	5.07	0.79	NA	NA	NA	13.85	14.56	090									
B	Laparoscopic hernia repair	6.27	NA	NA	3.35	4.51	0.74	NA	NA	NA	10.36	11.52	090									
A	Laparoscopic hernia repair	8.24	NA	NA	4.37	5.35	0.87	NA	NA	NA	13.48	14.46	090									
A	Laparoscopic orchiectomy	10.96	NA	NA	6.38	7.48	0.63	NA	NA	NA	17.97	19.07	090									
A	Laparoscopy, spermatic veins	6.57	NA	NA	3.37	4.43	0.35	NA	NA	NA	10.29	11.35	090									
C	Laparoscopy; adrenalectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY									
A	Laparoscopy, vagus nerves	10.15	NA	NA	4.97	5.37	0.92	NA	NA	NA	16.04	16.44	090									
A	Laparoscopy, vagus nerves	12.15	NA	NA	6.57	6.60	1.10	NA	NA	NA	19.82	19.85	090									
A	Laparoscopy, cholecystoenter	12.58	NA	NA	6.40	9.06	1.51	NA	NA	NA	20.49	23.15	090									
A	Laparoscopic cholecystectomy	11.09	NA	NA	5.33	7.84	1.36	NA	NA	NA	17.78	20.29	090									
A	Laparoscopic cholecystectomy	11.94	NA	NA	5.78	8.31	1.44	NA	NA	NA	19.16	21.69	090									
A	Laparoscopic cholecystectomy	14.23	NA	NA	7.21	9.43	1.56	NA	NA	NA	23.00	25.22	090									
A	Laparoscopic cholecystectomy	13.74	NA	NA	6.53	5.93	0.87	NA	NA	NA	21.14	20.54	090									
A	Laparoscopic salpingostomy	12.88	NA	NA	6.16	5.70	0.93	NA	NA	NA	19.97	19.51	090									
A	Laparoscopic fimbrioplasty	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX									
C	Laparoscopic splenectomy	7.73	NA	NA	4.52	6.17	0.93	NA	NA	NA	13.18	14.83	090									
A	Laparoscopic gastrostomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX									
C	Laparoscopic jejunostomy	22.04	NA	NA	10.41	13.39	2.17	NA	NA	NA	34.62	37.60	090									
A	Laparo; resect intestine	17.25	NA	NA	9.96	12.16	1.98	NA	NA	NA	29.19	31.39	090									
A	Laparoscopy; fundoplasty	3.33	2.76	2.31	1.34	1.96	0.34	6.43	5.98	5.98	5.01	5.63	000									
A	Hysterocopy; diagnostic	4.75	3.30	2.45	1.88	2.09	0.34	8.39	7.54	7.54	6.97	7.18	000									
A	Hysterocopy; biopsy	6.17	NA	NA	2.41	3.67	0.66	NA	NA	NA	9.24	10.50	000									
A	Hysterocopy; lysis	7.00	NA	NA	2.74	3.75	0.66	NA	NA	NA	10.40	11.41	000									
A	Hysterocopy; resect septum	10.00	NA	NA	3.88	4.98	1.02	NA	NA	NA	14.90	16.00	000									
A	Hysterocopy; remove myoma	5.21	NA	NA	2.01	2.12	0.34	NA	NA	NA	7.56	7.67	000									
A	Hysterocopy; remove impact	6.17	NA	NA	2.43	4.18	1.17	NA	NA	NA	9.77	11.52	000									
A	Hysterocopy; ablation	4.89	NA	NA	2.32	2.84	0.15	NA	NA	NA	7.36	7.88	000									
A	Laparoscopy w/cholangio	5.18	NA	NA	2.65	3.87	0.35	NA	NA	NA	8.18	9.40	000									
A	Laparoscopy w/biopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY									
C	Laparoscopy procedure	1.44	2.14	1.15	1.14	0.59	0.12	3.70	2.71	2.71	2.70	2.15	010									
A	I & D of vulva/perineum	1.39	2.12	1.18	1.05	0.59	0.10	3.61	2.67	2.67	2.54	2.08	010									
A	Drainage of gland abscess	2.84	3.22	2.94	2.15	2.68	0															

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3 +Indicates RVIs are not used for Medicare payment.



# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global		
					RVUs	expense	RVUs	practice	RVUs	expense	RVUs	practice	RVUs	expense	RVUs	practice	RVUs	expense	RVUs	practice	RVUs	expense		RVUs	practice
56631	A		Extensive vulva surgery	16.20	NA	NA	NA	9.56	16.90	3.53	3.53	NA	NA	NA	NA	NA	NA	29.29	36.63	090	090				
56632	A		Extensive vulva surgery	20.29	NA	NA	NA	11.12	20.14	3.53	3.53	NA	NA	NA	NA	NA	NA	34.94	43.96	090	090				
56633	A		Extensive vulva surgery	16.47	NA	NA	NA	8.73	15.18	2.57	2.57	NA	NA	NA	NA	NA	NA	27.77	34.22	090	090				
56634	A		Extensive vulva surgery	17.88	NA	NA	NA	10.26	18.58	3.53	3.53	NA	NA	NA	NA	NA	NA	31.67	39.99	090	090				
56637	A		Extensive vulva surgery	21.97	NA	NA	NA	11.69	20.36	3.53	3.53	NA	NA	NA	NA	NA	NA	37.19	45.86	090	090				
56640	A		Extensive vulva surgery	22.17	NA	NA	NA	11.28	19.06	3.41	3.41	NA	NA	NA	NA	NA	NA	36.86	44.64	090	090				
56700	A		Partial removal of hymen	2.52	2.73	2.17	2.17	1.98	1.98	0.27	0.27	5.52	4.96	4.96	4.77	4.77	010	010							
56720	A		Incision of hymen	0.68	1.49	0.76	0.76	0.67	0.56	0.09	0.09	2.26	1.53	1.53	1.44	1.44	000	000							
56740	A		Remove vagina gland lesion	3.76	3.05	3.10	3.10	2.45	2.95	0.43	0.43	7.24	7.29	7.29	6.64	7.14	010	010							
56800	A		Repair of vagina	3.89	NA	NA	NA	2.68	3.05	0.45	0.45	NA	NA	NA	7.02	7.39	010	010							
56805	A		Repair clitoris	18.86	NA	NA	NA	8.24	11.62	1.07	1.07	NA	NA	NA	28.17	31.55	090	090							
56810	A		Repair of perineum	4.13	NA	NA	NA	2.62	2.79	0.40	0.40	NA	NA	NA	7.15	7.32	010	010							
57000	A		Exploration of vagina	2.97	NA	NA	NA	2.26	2.22	0.27	0.27	NA	NA	NA	5.50	5.46	010	010							
57010	A		Drainage of pelvic abscess	6.03	NA	NA	NA	3.59	3.06	0.40	0.40	NA	NA	NA	10.02	9.49	090	090							
57020	A		Drainage of pelvic fluid	1.50	1.42	0.89	0.89	0.57	0.68	0.11	0.11	3.03	2.50	2.50	2.18	2.29	000	000							
57061	A		Destruction vagina lesion(s)	1.25	2.04	1.18	1.18	1.18	0.63	0.13	0.13	3.42	2.56	2.56	2.01	2.01	010	010							
57065	A		Destruction vagina lesion(s)	2.61	2.64	2.99	2.99	2.16	2.87	0.58	0.58	5.83	6.18	6.18	5.35	6.06	010	010							
57100	A		Biopsy of vagina	0.97	1.31	0.83	0.83	0.38	0.35	0.10	0.10	2.38	1.90	1.90	1.45	1.42	000	000							
57105	A		Biopsy of vagina	1.69	2.27	1.84	1.84	1.78	1.72	0.26	0.26	4.22	3.79	3.79	3.73	3.67	010	010							
57106	A		Remove vagina wall, partial	6.36	2.45	2.45	2.45	2.37	2.37	0.86	0.86	9.67	9.67	9.67	9.59	9.59	090	090							
57107	A		Remove vagina tissue/partial	23.00	8.71	8.71	8.71	8.53	8.53	0.86	0.86	32.57	32.57	32.57	32.39	32.39	090	090							
57108	D		Partial removal of vagina	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090	090							
57109	A		Vaginectomy partial w/nodes	27.00	9.80	9.80	9.80	9.36	9.36	3.03	3.03	39.83	39.83	39.83	39.39	39.39	090	090							
57110	A		Remove vagina wall, complete	14.29	NA	NA	NA	6.81	8.12	1.38	1.38	NA	NA	NA	22.48	23.79	090	090							
57111	A		Remove vagina tissue/compl	27.00	9.43	9.43	9.43	10.12	10.12	3.03	3.03	39.46	39.46	39.46	40.15	40.15	090	090							
57112	A		Vaginectomy complete w/nodes	29.00	10.00	10.00	10.00	9.96	9.96	3.03	3.03	42.03	42.03	42.03	41.99	41.99	090	090							
57120	A		Closure of vagina	7.41	NA	NA	NA	4.42	6.80	1.18	1.18	NA	NA	NA	13.01	15.39	090	090							
57130	A		Remove vagina lesion	2.43	NA	NA	NA	2.00	2.63	0.43	0.43	NA	NA	NA	4.86	5.49	010	010							
57135	A		Remove vagina lesion	2.67	2.62	2.22	2.22	2.10	2.09	0.30	0.30	5.59	5.19	5.19	5.07	5.06	010	010							
57150	A		Treat vagina infection	0.55	0.92	0.39	0.39	0.21	0.14	0.03	0.03	1.50	0.97	0.97	0.79	0.72	000	000							
57160	A		Insertion of pessary/device	0.89	1.20	0.50	0.50	0.33	0.19	0.04	0.04	2.13	1.43	1.43	1.26	1.12	000	000							
57170	A		Fitting of diaphragm/cap	0.91	1.21	0.57	0.57	0.32	0.22	0.05	0.05	2.17	1.53	1.53	1.28	1.18	000	000							
57180	A		Treat vaginal bleeding	1.58	2.04	0.96	0.96	1.32	0.56	0.09	0.09	3.71	2.63	2.63	2.99	2.23	010	010							
57200	A		Repair of vagina	3.94	NA	NA	NA	2.82	2.91	0.47	0.47	NA	NA	NA	7.23	7.32	090	090							
57210	A		Repair vagina/perineum	5.17	NA	NA	NA	3.28	3.48	0.51	0.51	NA	NA	NA	8.96	9.16	090	090							
57220	A		Revision of urethra	4.31	NA	NA	NA	3.25	4.43	0.63	0.63	NA	NA	NA	8.19	9.37	090	090							
57230	A		Repair of urethral lesion	5.64	NA	NA	NA	3.83	4.09	0.50	0.50	NA	NA	NA	9.97	10.23	090	090							
57240	A		Repair bladder & vagina	6.07	NA	NA	NA	4.08	6.46	1.25	1.25	NA	NA	NA	11.40	13.78	090	090							
57250	A		Repair rectum & vagina	5.53	NA	NA	NA	3.66	5.87	1.32	1.32	NA	NA	NA	10.51	12.72	090	090							
57260	A		Repair of vagina	8.27	NA	NA	NA	4.69	8.22	1.47	1.47	NA	NA	NA	14.43	17.96	090	090							



**ADDENDUM B. - RELATIVE VALUE UNITS(RVUS) AND RELATED INFORMATION -**

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned		Facility		Mal- practice RVUs	Non- facility		Transitioned		Facility		Global
					Non- facility practice expense RVUs	Non- facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Non- facility Total	Non- facility Total		Transitioned facility Total	Transitioned facility Total					
57265		A	Extensive repair of vagina	11.34	NA	NA	6.32	9.25	1.65	NA	NA	19.31	22.24	090				
57268		A	Repair of bowel bulge	6.76	NA	NA	4.10	6.74	1.17	NA	NA	12.03	14.67	090				
57270		A	Repair of bowel pouch	12.11	NA	NA	5.99	7.06	1.13	NA	NA	19.23	20.30	090				
57280		A	Suspension of vagina	15.04	NA	NA	7.10	8.72	1.45	NA	NA	23.59	25.21	090				
57282		A	Repair of vaginal prolapse	8.86	NA	NA	4.94	8.33	1.48	NA	NA	15.28	18.67	090				
57284		A	Repair paravaginal defect	12.70	NA	NA	6.62	8.65	0.66	NA	NA	19.98	22.01	090				
57288		A	Repair bladder defect	13.02	NA	NA	6.58	10.37	1.06	NA	NA	20.66	24.45	090				
57289		A	Repair bladder & vagina	11.58	NA	NA	6.23	8.23	0.88	NA	NA	18.69	20.69	090				
57291		A	Construction of vagina	7.95	NA	NA	4.88	5.58	0.93	NA	NA	13.76	14.46	090				
57292		A	Construct vagina with graft	13.09	NA	NA	6.96	7.07	1.08	NA	NA	21.13	21.24	090				
57300		A	Repair rectum-vagina fistula	7.61	NA	NA	4.46	7.55	1.30	NA	NA	13.37	16.46	090				
57305		A	Repair rectum-vagina fistula	13.77	NA	NA	7.23	7.95	1.22	NA	NA	22.22	22.94	090				
57307		A	Fistula repair & colostomy	15.93	NA	NA	8.27	7.04	1.00	NA	NA	25.20	23.97	090				
57308		A	Fistula repair, transperine	9.94	NA	NA	4.56	7.03	1.10	NA	NA	15.60	18.07	090				
57310		A	Repair urethrovaginal lesion	6.78	NA	NA	4.38	4.61	0.38	NA	NA	11.54	11.77	090				
57311		A	Repair urethrovaginal lesion	7.98	NA	NA	4.64	5.71	0.32	NA	NA	12.94	14.01	090				
57320		A	Repair bladder-vagina lesion	8.01	NA	NA	4.88	8.39	1.06	NA	NA	13.95	17.46	090				
57330		A	Repair bladder-vagina lesion	12.35	NA	NA	6.52	8.38	0.63	NA	NA	19.50	21.36	090				
57335		A	Repair vagina	18.73	NA	NA	8.75	7.81	0.63	NA	NA	28.11	27.17	090				
57400		A	Dilation of vagina	2.27	NA	NA	1.44	0.63	0.05	NA	NA	3.76	2.95	000				
57410		A	Pelvic examination	1.75	2.40	0.89	1.13	0.58	0.04	4.19	2.68	2.92	2.37	000				
57415		A	Removal vaginal foreign body	2.17	3.13	1.08	1.95	0.78	0.04	5.34	3.29	4.16	2.99	010				
57452		A	Examination of vagina	0.99	1.51	0.91	0.35	0.36	0.11	2.61	2.01	1.45	1.46	000				
57454		A	Vagina examination & biopsy	1.27	1.59	1.38	0.46	0.61	0.20	3.06	2.85	1.93	2.08	000				
57460		A	Cervix excision	2.83	1.88	2.11	1.06	1.09	0.36	5.07	5.30	4.25	4.28	000				
57500		A	Biopsy of cervix	0.97	1.31	0.79	0.39	0.33	0.09	2.37	1.85	1.45	1.39	000				
57505		A	Endocervical curettage	1.14	1.76	0.95	1.19	0.55	0.10	3.00	2.19	2.43	1.79	010				
57510		A	Cauterization of cervix	1.90	2.78	1.12	1.48	0.58	0.07	4.75	3.09	3.45	2.55	010				
57511		A	Cryocautery of cervix	1.90	2.19	1.24	0.70	0.52	0.13	4.22	3.27	2.73	2.55	010				
57513		A	Laser surgery of cervix	1.90	2.32	2.28	1.43	2.06	0.52	4.74	4.70	3.85	4.48	010				
57520		A	Conization of cervix	4.04	3.80	3.76	2.65	3.47	0.57	8.41	8.37	7.26	8.08	090				
57522		A	Conization of cervix	3.36	3.45	3.67	2.40	3.41	0.57	7.38	7.60	6.33	7.34	090				
57530		A	Removal of cervix	4.79	NA	NA	3.38	3.79	0.61	NA	NA	8.78	9.19	090				
57531		A	Removal of cervix, radical	28.00	NA	NA	12.15	17.51	3.03	NA	NA	43.18	48.54	090				
57540		A	Removal of residual cervix	12.22	NA	NA	5.88	6.95	1.18	NA	NA	19.28	20.35	090				
57545		A	Remove cervix, repair pelvis	13.03	NA	NA	6.31	5.31	0.81	NA	NA	20.15	19.15	090				
57550		A	Removal of residual cervix	5.53	NA	NA	3.65	5.86	1.20	NA	NA	10.38	12.59	090				
57555		A	Remove cervix, repair vagina	8.95	NA	NA	5.15	9.31	1.70	NA	NA	15.80	19.96	090				
57556		A	Remove cervix, repair bowel	8.37	NA	NA	4.70	8.68	1.50	NA	NA	14.57	18.55	090				
57700		A	Revision of cervix	3.55	NA	NA	2.44	2.55	0.27	NA	NA	6.26	6.37	090				



**APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -**

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non-facility		Transitioned		Facility		Transitioned		Non-facility		Facility		Transitioned		Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	
57720	A		Revision of cervix	4.13	NA	NA	NA	NA	3.15	3.04	0.39	0.39	NA	NA	NA	NA	NA	NA	7.67	7.56	090
57800	A		Dilation of cervical canal	0.77	1.11	0.67	0.67	0.31	0.31	0.27	0.08	0.08	1.96	1.52	1.16	1.12	1.12	1.12	1.16	1.12	000
57820	A		D&C of residual cervix	1.67	2.21	2.25	2.25	2.11	2.22	2.22	0.36	0.36	4.24	4.28	4.14	4.25	4.25	4.25	4.14	4.25	010
58100	A		Biopsy of uterus lining	0.71	1.04	0.80	0.80	0.27	0.27	0.34	0.11	0.11	1.86	1.62	1.09	1.16	1.16	1.16	1.09	1.16	000
58120	A		Dilation and curettage (D&C)	3.27	3.41	3.05	3.05	2.31	2.31	2.78	0.44	0.44	7.12	6.76	6.02	6.49	6.49	6.49	6.02	6.49	010
58140	A		Removal of uterus lesion	14.60	NA	NA	NA	6.70	8.46	8.46	1.34	1.34	NA	NA	22.64	24.40	24.40	24.40	22.64	24.40	090
58145	A		Removal of uterus lesion	8.04	NA	NA	NA	4.66	7.87	7.87	1.20	1.20	NA	NA	13.90	17.11	17.11	17.11	13.90	17.11	090
58150	A		Total hysterectomy	15.24	NA	NA	NA	7.16	9.58	9.58	1.63	1.63	NA	NA	24.03	26.45	26.45	26.45	24.03	26.45	090
58152	A		Partial hysterectomy	15.09	NA	NA	NA	7.13	11.54	11.54	2.03	2.03	NA	NA	24.25	28.66	28.66	28.66	24.25	28.66	090
58180	A		Partial hysterectomy	15.29	NA	NA	NA	7.12	9.72	9.72	1.65	1.65	NA	NA	24.06	26.66	26.66	26.66	24.06	26.66	090
58200	A		Extensive hysterectomy	21.59	NA	NA	NA	10.61	13.22	13.22	2.19	2.19	NA	NA	34.39	37.00	37.00	37.00	34.39	37.00	090
58210	A		Extensive hysterectomy	28.85	NA	NA	NA	13.35	17.81	17.81	3.03	3.03	NA	NA	45.23	49.69	49.69	49.69	45.23	49.69	090
58240	A		Removal of pelvis contents	38.39	NA	NA	NA	17.62	27.79	27.79	4.81	4.81	NA	NA	60.82	70.99	70.99	70.99	60.82	70.99	090
58260	A		Vaginal hysterectomy	12.20	NA	NA	NA	5.66	9.06	9.06	1.62	1.62	NA	NA	19.48	22.88	22.88	22.88	19.48	22.88	090
58262	A		Vaginal hysterectomy	13.99	NA	NA	NA	6.35	9.23	9.23	1.74	1.74	NA	NA	21.96	24.84	24.84	24.84	21.96	24.84	090
58263	A		Vaginal hysterectomy	15.28	NA	NA	NA	6.84	10.11	10.11	1.92	1.92	NA	NA	23.86	27.13	27.13	27.13	23.86	27.13	090
58267	A		Hysterectomy & vagina repair	15.00	NA	NA	NA	6.72	11.06	11.06	1.74	1.74	NA	NA	23.64	27.98	27.98	27.98	23.64	27.98	090
58270	A		Hysterectomy & vagina repair	13.48	NA	NA	NA	6.15	9.94	9.94	1.74	1.74	NA	NA	21.37	25.16	25.16	25.16	21.37	25.16	090
58275	A		Hysterectomy, revise vagina	14.98	NA	NA	NA	6.64	10.63	10.63	1.82	1.82	NA	NA	23.44	27.43	27.43	27.43	23.44	27.43	090
58280	A		Hysterectomy, revise vagina	15.41	NA	NA	NA	6.82	10.26	10.26	1.80	1.80	NA	NA	24.03	27.47	27.47	27.47	24.03	27.47	090
58285	A		Extensive hysterectomy	18.57	NA	NA	NA	9.45	11.81	11.81	2.11	2.11	NA	NA	30.13	32.49	32.49	32.49	30.13	32.49	090
58300	N		Insert intrauterine device	+1.01	1.09	0.90	0.90	0.38	0.73	0.73	0.10	0.10	2.20	2.01	1.49	1.84	1.84	1.84	1.49	1.84	XXX
58301	A		Remove intrauterine device	1.27	1.34	0.70	0.70	0.46	0.30	0.30	0.06	0.06	2.67	2.03	1.79	1.63	1.63	1.63	1.79	1.63	000
58321	A		Artificial insemination	0.92	0.89	0.80	0.80	0.35	0.67	0.67	0.12	0.12	1.93	1.84	1.39	1.71	1.71	1.71	1.39	1.71	000
58322	A		Artificial insemination	1.10	0.97	0.82	0.82	0.41	0.68	0.68	0.12	0.12	2.19	2.04	1.63	1.90	1.90	1.90	1.63	1.90	000
58323	A		Sperm washing	0.23	0.43	0.24	0.24	0.09	0.15	0.15	0.03	0.03	0.69	0.50	0.35	0.41	0.41	0.41	0.35	0.41	000
58340	A		Catheter for hystero-graphy	0.88	13.60	3.87	3.87	0.27	0.53	0.53	0.06	0.06	14.54	4.81	1.21	1.47	1.47	1.47	1.21	1.47	000
58345	A		Reopen fallopian tube	4.66	NA	NA	NA	1.49	3.22	3.22	0.32	0.32	NA	NA	6.47	8.20	8.20	8.20	6.47	8.20	010
58350	A		Reopen fallopian tube	1.01	1.79	1.01	1.01	1.06	0.83	0.83	0.13	0.13	2.93	2.15	2.20	1.97	1.97	1.97	2.20	1.97	010
58400	A		Suspension of uterus	6.36	NA	NA	NA	3.80	5.54	5.54	0.91	0.91	NA	NA	11.07	12.81	12.81	12.81	11.07	12.81	090
58410	A		Suspension of uterus	12.73	NA	NA	NA	5.83	5.96	5.96	0.66	0.66	NA	NA	19.22	19.35	19.35	19.35	19.22	19.35	090
58520	A		Repair of ruptured uterus	11.92	NA	NA	NA	5.80	4.90	4.90	0.77	0.77	NA	NA	18.49	17.59	17.59	17.59	18.49	17.59	090
58540	A		Revision of uterus	14.64	NA	NA	NA	7.03	6.75	6.75	1.11	1.11	NA	NA	22.78	22.50	22.50	22.50	22.78	22.50	090
58600	A		Division of fallopian tube	3.84	NA	NA	NA	2.52	4.07	4.07	1.08	1.08	NA	NA	7.44	8.99	8.99	8.99	7.44	8.99	090
58605	A		Division of fallopian tube	3.34	NA	NA	NA	2.38	3.58	3.58	0.79	0.79	NA	NA	6.51	7.71	7.71	7.71	6.51	7.71	090
58611	A		Ligate oviduct(s) add-on	0.63	NA	NA	NA	0.41	0.49	0.49	0.08	0.08	NA	NA	1.12	1.20	1.20	1.20	1.12	1.20	ZZZ
58615	A		Occlude fallopian tube(s)	3.90	NA	NA	NA	2.50	3.00	3.00	0.27	0.27	NA	NA	6.67	7.17	7.17	7.17	6.67	7.17	010
58700	A		Removal of fallopian tube	6.49	NA	NA	NA	3.50	6.03	6.03	1.02	1.02	NA	NA	11.01	13.54	13.54	13.54	11.01	13.54	090
58720	A		Removal of ovary/tube(s)	11.36	NA	NA	NA	5.55	7.49	7.49	1.28	1.28	NA	NA	18.19	20.13	20.13	20.13	18.19	20.13	090
58740	A		Revise fallopian tube(s)	5.83	NA	NA	NA	3.56	6.11	6.11	1.47	1.47	NA	NA	10.86	13.41	13.41	13.41	10.86	13.41	090

1 CPT codes and descriptions only are copyright 1998 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.  
 2 Copyright 1994 American Dental Association. All rights reserved.  
 3 \*Indicates RVUs are not used for Medicare payment.







# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non- facility		Transitioned Non-facility		Facility		Mal- practice RVUs		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	
59136	A		Treat ectopic pregnancy	13.18	NA	NA	NA	NA	6.18	6.61	1.13	NA	NA	NA	20.49	20.92	NA	NA	090
59140	A		Treat ectopic pregnancy	5.46	NA	NA	NA	NA	3.23	4.60	0.23	NA	NA	NA	8.92	10.29	NA	NA	090
59150	A		Treat ectopic pregnancy	6.89	NA	NA	NA	NA	4.48	4.81	0.82	NA	NA	NA	12.19	12.52	NA	NA	090
59151	A		Treat ectopic pregnancy	7.86	NA	NA	NA	NA	4.02	8.01	0.50	NA	NA	NA	12.38	16.37	NA	NA	090
59160	A		D&C after delivery	2.71	3.09	3.16	2.91	2.91	2.11	2.91	0.41	6.21	6.28	5.23	6.03	6.03	010	010	010
59200	A		Insert cervical dilator	0.79	1.17	0.74	0.30	0.30	0.28	0.30	0.09	2.05	1.62	1.16	1.18	1.18	000	000	000
59300	A		Episiotomy or vaginal repair	2.41	1.66	1.22	0.90	0.63	0.90	0.63	0.08	4.15	3.71	3.39	3.12	3.12	000	000	000
59320	A		Revision of cervix	2.48	NA	NA	1.35	1.79	1.35	1.79	0.32	NA	NA	NA	4.15	4.59	NA	NA	000
59325	A		Revision of cervix	4.07	NA	NA	2.31	2.93	2.31	2.93	0.23	NA	NA	NA	6.61	7.23	NA	NA	000
59350	A		Repair of uterus	4.95	NA	NA	1.83	3.34	1.83	3.34	0.64	NA	NA	NA	7.42	8.93	NA	NA	000
59400	A		Obstetrical care	23.06	NA	NA	13.04	15.46	13.04	15.46	2.71	NA	NA	NA	38.81	41.23	NA	NA	MMM
59409	A		Obstetrical care	13.50	NA	NA	5.09	8.99	5.09	8.99	1.72	NA	NA	NA	20.31	24.21	NA	NA	MMM
59410	A		Obstetrical care	14.78	NA	NA	6.28	9.96	6.28	9.96	1.87	NA	NA	NA	22.93	26.61	NA	NA	MMM
59412	A		Antepartum manipulation	1.71	1.32	1.32	0.66	1.16	0.66	1.16	0.23	3.26	3.26	2.60	3.10	3.10	MMM	MMM	MMM
59414	A		Deliver placenta	1.61	NA	NA	1.09	1.21	1.09	1.21	0.21	NA	NA	NA	2.91	3.03	NA	NA	MMM
59425	A		Antepartum care only	4.81	4.36	3.44	4.33	2.26	4.33	2.26	0.52	9.69	8.77	9.66	7.59	7.59	MMM	MMM	MMM
59426	A		Antepartum care only	8.28	7.43	5.88	7.49	3.88	7.49	3.88	0.89	16.60	15.05	16.66	13.05	13.05	MMM	MMM	MMM
59430	A		Care after delivery	2.13	1.09	0.58	1.12	0.44	1.12	0.44	0.05	3.27	2.76	3.30	2.62	2.62	MMM	MMM	MMM
59510	A		Cesarean delivery	26.22	NA	NA	15.01	17.51	15.01	17.51	3.07	NA	NA	NA	44.30	46.80	NA	NA	MMM
59514	A		Cesarean delivery only	15.97	NA	NA	9.58	10.44	9.58	10.44	1.99	NA	NA	NA	23.94	28.40	NA	NA	MMM
59515	A		Cesarean delivery	17.37	NA	NA	7.58	11.52	7.58	11.52	2.14	NA	NA	NA	27.09	31.03	NA	NA	MMM
59525	A		Remove uterus after cesarean	8.54	NA	NA	3.38	3.94	3.38	3.94	0.69	NA	NA	NA	12.61	13.17	NA	NA	ZZZ
59610	A		Vbac delivery	24.62	NA	NA	9.16	14.49	9.16	14.49	2.71	NA	NA	NA	36.49	41.82	NA	NA	MMM
59612	A		Vbac delivery only	15.06	NA	NA	5.68	9.14	5.68	9.14	1.72	NA	NA	NA	22.46	25.92	NA	NA	MMM
59614	A		Vbac care after delivery	16.34	NA	NA	6.13	9.93	6.13	9.93	1.87	NA	NA	NA	24.34	28.14	NA	NA	MMM
59618	A		Attempted vbac delivery	27.78	NA	NA	10.57	16.40	10.57	16.40	3.07	NA	NA	NA	41.42	47.25	NA	NA	MMM
59620	A		Attempted vbac delivery only	17.53	NA	NA	6.57	10.59	6.57	10.59	1.99	NA	NA	NA	26.09	30.11	NA	NA	MMM
59622	A		Attempted vbac after care	18.93	NA	NA	7.23	11.43	7.23	11.43	2.14	NA	NA	NA	28.30	32.50	NA	NA	MMM
59812	A		Treatment of miscarriage	3.25	4.12	3.97	2.28	3.49	2.28	3.49	0.60	7.97	7.82	6.13	7.34	7.34	090	090	090
59820	A		Care of miscarriage	4.01	4.41	4.16	2.54	3.69	2.54	3.69	0.60	9.02	8.77	7.15	8.30	8.30	090	090	090
59821	A		Treatment of miscarriage	4.47	4.59	3.36	2.72	2.89	2.72	2.89	0.49	9.55	8.32	7.68	7.85	7.85	090	090	090
59830	A		Treat uterus infection	6.11	NA	NA	3.67	4.61	3.67	4.61	0.41	NA	NA	NA	10.19	11.13	NA	NA	090
59840	A		Abortion	3.01	4.50	3.74	2.16	3.16	2.16	3.16	0.54	8.05	7.29	5.71	6.71	6.71	010	010	010
59841	A		Abortion	5.24	5.89	4.53	3.37	3.90	3.37	3.90	0.59	11.72	10.36	9.20	9.73	9.73	010	010	010
59850	A		Abortion	5.91	NA	NA	2.65	3.92	2.65	3.92	0.66	NA	NA	NA	9.22	10.49	NA	NA	090
59851	A		Abortion	5.93	NA	NA	3.02	4.24	3.02	4.24	0.69	NA	NA	NA	9.64	10.86	NA	NA	090
59852	A		Abortion	8.24	NA	NA	4.25	5.55	4.25	5.55	0.99	NA	NA	NA	13.48	14.78	NA	NA	090
59855	A		Abortion	6.12	NA	NA	3.01	4.12	3.01	4.12	0.75	NA	NA	NA	9.88	10.99	NA	NA	090
59856	A		Abortion	7.48	NA	NA	3.64	5.07	3.64	5.07	0.93	NA	NA	NA	12.05	13.48	NA	NA	090
59857	A		Abortion	9.29	NA	NA	4.16	6.10	4.16	6.10	1.13	NA	NA	NA	14.58	16.52	NA	NA	090







# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
61106	D		Drill skull for exam/surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
61107	A		Drill skull for implantation	5.00	NA	NA	NA	NA	3.17	5.27	NA	NA	0.99	NA	NA	NA	NA	NA	9.16	11.26	NA	NA	000
61108	A		Drill skull for drainage	10.19	NA	NA	NA	NA	6.98	10.87	NA	NA	1.74	NA	NA	NA	NA	NA	18.91	22.80	NA	NA	090
61120	A		Burr hole for puncture	8.76	NA	NA	NA	NA	5.85	6.31	NA	NA	0.84	NA	NA	NA	NA	NA	15.45	15.91	NA	NA	090
61130	D		Pierce skull, exam/surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
61140	A		Pierce skull for biopsy	15.90	NA	NA	NA	NA	10.30	14.07	NA	NA	2.00	NA	NA	NA	NA	NA	28.20	31.97	NA	NA	090
61150	A		Pierce skull for drainage	17.57	NA	NA	NA	NA	11.03	14.68	NA	NA	2.06	NA	NA	NA	NA	NA	30.66	34.31	NA	NA	090
61151	A		Pierce skull for drainage	12.42	NA	NA	NA	NA	8.14	3.77	NA	NA	0.29	NA	NA	NA	NA	NA	20.85	16.48	NA	NA	090
61154	A		Pierce skull, remove clot	14.99	NA	NA	NA	NA	9.69	15.85	NA	NA	2.56	NA	NA	NA	NA	NA	27.24	33.40	NA	NA	090
61156	A		Pierce skull for drainage	16.32	NA	NA	NA	NA	10.43	15.79	NA	NA	2.39	NA	NA	NA	NA	NA	29.14	34.50	NA	NA	090
61210	A		Pierce skull; implant device	5.84	NA	NA	NA	NA	3.72	5.84	NA	NA	1.20	NA	NA	NA	NA	NA	10.76	12.88	NA	NA	000
61215	A		Insert brain-fluid device	4.89	NA	NA	NA	NA	4.19	5.43	NA	NA	1.28	NA	NA	NA	NA	NA	10.36	11.60	NA	NA	090
61250	A		Pierce skull & explore	10.42	NA	NA	NA	NA	6.80	8.23	NA	NA	1.13	NA	NA	NA	NA	NA	18.35	19.78	NA	NA	090
61253	A		Pierce skull & explore	12.36	NA	NA	NA	NA	8.37	9.92	NA	NA	1.32	NA	NA	NA	NA	NA	22.05	23.60	NA	NA	090
61304	A		Open skull for exploration	21.96	NA	NA	NA	NA	13.54	23.05	NA	NA	3.74	NA	NA	NA	NA	NA	39.24	48.75	NA	NA	090
61305	A		Open skull for exploration	26.61	NA	NA	NA	NA	15.84	27.65	NA	NA	3.95	NA	NA	NA	NA	NA	46.40	58.21	NA	NA	090
61312	A		Open skull for drainage	24.57	NA	NA	NA	NA	14.94	23.38	NA	NA	3.49	NA	NA	NA	NA	NA	43.00	51.44	NA	NA	090
61313	A		Open skull for drainage	24.93	NA	NA	NA	NA	15.59	23.47	NA	NA	3.43	NA	NA	NA	NA	NA	43.95	51.83	NA	NA	090
61314	A		Open skull for drainage	24.23	NA	NA	NA	NA	15.10	24.63	NA	NA	3.66	NA	NA	NA	NA	NA	42.99	52.52	NA	NA	090
61315	A		Open skull for drainage	27.68	NA	NA	NA	NA	17.24	24.18	NA	NA	3.50	NA	NA	NA	NA	NA	48.42	55.36	NA	NA	090
61320	A		Open skull for drainage	25.62	NA	NA	NA	NA	16.02	19.22	NA	NA	2.67	NA	NA	NA	NA	NA	44.31	47.51	NA	NA	090
61321	A		Open skull for drainage	28.50	NA	NA	NA	NA	16.94	20.38	NA	NA	2.77	NA	NA	NA	NA	NA	48.21	51.65	NA	NA	090
61330	A		Decompress eye socket	23.32	NA	NA	NA	NA	19.60	15.46	NA	NA	0.95	NA	NA	NA	NA	NA	43.87	39.73	NA	NA	090
61332	A		Explore/biopsy eye socket	27.28	NA	NA	NA	NA	20.38	21.96	NA	NA	2.16	NA	NA	NA	NA	NA	49.82	51.40	NA	NA	090
61333	A		Explore orbit; remove lesion	27.95	NA	NA	NA	NA	19.33	21.48	NA	NA	2.55	NA	NA	NA	NA	NA	49.83	51.98	NA	NA	090
61334	A		Explore orbit; remove object	18.27	NA	NA	NA	NA	12.02	14.93	NA	NA	1.42	NA	NA	NA	NA	NA	31.71	34.62	NA	NA	090
61340	A		Relieve cranial pressure	18.66	NA	NA	NA	NA	11.82	15.00	NA	NA	1.99	NA	NA	NA	NA	NA	32.47	35.65	NA	NA	090
61343	A		Incise skull, pressure relief	29.77	NA	NA	NA	NA	19.06	29.22	NA	NA	4.13	NA	NA	NA	NA	NA	52.96	63.12	NA	NA	090
61345	A		Relieve cranial pressure	27.20	NA	NA	NA	NA	17.13	19.90	NA	NA	2.70	NA	NA	NA	NA	NA	47.03	49.80	NA	NA	090
61440	A		Incise skull for surgery	26.63	NA	NA	NA	NA	15.09	20.66	NA	NA	2.35	NA	NA	NA	NA	NA	44.07	49.64	NA	NA	090
61450	A		Incise skull for surgery	25.95	NA	NA	NA	NA	16.19	20.68	NA	NA	2.68	NA	NA	NA	NA	NA	44.82	49.31	NA	NA	090
61458	A		Incise skull for brain wound	27.29	NA	NA	NA	NA	17.00	26.46	NA	NA	3.81	NA	NA	NA	NA	NA	48.10	57.56	NA	NA	090
61460	A		Incise skull for surgery	28.39	NA	NA	NA	NA	18.40	24.99	NA	NA	3.11	NA	NA	NA	NA	NA	49.90	56.49	NA	NA	090
61470	A		Incise skull for surgery	26.06	NA	NA	NA	NA	15.21	15.08	NA	NA	1.98	NA	NA	NA	NA	NA	43.25	43.12	NA	NA	090
61480	A		Incise skull for surgery	26.49	NA	NA	NA	NA	12.67	15.43	NA	NA	1.39	NA	NA	NA	NA	NA	40.55	43.31	NA	NA	090
61490	A		Incise skull for surgery	25.66	NA	NA	NA	NA	15.32	13.37	NA	NA	1.69	NA	NA	NA	NA	NA	42.57	40.72	NA	NA	090
61500	A		Removal of skull lesion	17.92	NA	NA	NA	NA	11.84	19.00	NA	NA	2.80	NA	NA	NA	NA	NA	32.56	39.72	NA	NA	090
61501	A		Remove infected skull bone	14.84	NA	NA	NA	NA	10.15	15.82	NA	NA	2.61	NA	NA	NA	NA	NA	27.60	33.27	NA	NA	090
61510	A		Removal of brain lesion	28.45	NA	NA	NA	NA	17.77	26.46	NA	NA	3.83	NA	NA	NA	NA	NA	50.05	58.74	NA	NA	090
61512	A		Remove brain lining lesion	35.09	NA	NA	NA	NA	21.50	28.99	NA	NA	4.13	NA	NA	NA	NA	NA	60.72	68.21	NA	NA	090

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Facility		Non-facility		Mal- practice RVUs	Transitional		Global	
					practice expense RVUs	RVUs	practice expense RVUs	RVUs		Non- facility Total	Facility Total		
61514	A		Removal of brain abscess	25.26	NA	NA	15.51	24.65	3.71	NA	NA	53.62	090
61516	A		Removal of brain lesion	24.61	NA	NA	15.50	25.43	3.58	NA	NA	53.62	090
61518	A		Removal of brain lesion	37.32	NA	NA	23.55	30.32	4.27	NA	NA	65.14	090
61519	A		Remove brain lining lesion	41.39	NA	NA	25.69	31.83	4.51	NA	NA	71.59	090
61520	A		Removal of brain lesion	54.84	NA	NA	33.91	36.03	4.61	NA	NA	93.36	090
61521	A		Removal of brain lesion	44.48	NA	NA	27.36	33.68	4.58	NA	NA	76.42	090
61522	A		Removal of brain abscess	29.45	NA	NA	18.45	20.86	2.97	NA	NA	50.87	090
61524	A		Removal of brain lesion	27.86	NA	NA	17.42	26.70	4.03	NA	NA	49.31	090
61526	A		Removal of brain lesion	52.17	NA	NA	33.53	36.07	3.75	NA	NA	89.45	090
61530	A		Removal of brain lesion	43.86	NA	NA	29.79	35.13	3.75	NA	NA	77.40	090
61531	A		Implant brain electrodes	14.63	NA	NA	9.79	14.64	1.37	NA	NA	25.79	090
61533	A		Implant brain electrodes	19.71	NA	NA	12.89	17.08	2.61	NA	NA	35.21	090
61534	A		Removal of brain lesion	20.97	NA	NA	13.36	8.53	1.57	NA	NA	35.90	090
61535	A		Remove brain electrodes	11.63	NA	NA	8.35	8.32	0.98	NA	NA	20.96	090
61536	A		Removal of brain lesion	35.52	NA	NA	22.56	23.51	3.12	NA	NA	61.20	090
61538	A		Removal of brain tissue	26.81	NA	NA	17.53	28.05	3.89	NA	NA	48.23	090
61539	A		Removal of brain tissue	32.08	NA	NA	19.96	23.68	3.18	NA	NA	55.22	090
61541	A		Incision of brain tissue	28.85	NA	NA	17.84	20.58	2.96	NA	NA	49.65	090
61542	A		Removal of brain tissue	31.02	NA	NA	17.79	20.66	3.05	NA	NA	51.86	090
61543	A		Removal of brain tissue	29.22	NA	NA	18.12	18.56	1.95	NA	NA	49.29	090
61544	A		Remove & treat brain lesion	25.50	NA	NA	13.55	26.22	1.65	NA	NA	40.70	090
61545	A		Excision of brain tumor	43.80	NA	NA	26.42	27.49	3.76	NA	NA	73.98	090
61546	A		Removal of pituitary gland	31.30	NA	NA	19.80	26.93	3.74	NA	NA	54.84	090
61548	A		Removal of pituitary gland	21.53	NA	NA	14.66	22.94	3.15	NA	NA	39.34	090
61550	A		Release of skull seams	14.65	NA	NA	7.24	11.43	0.87	NA	NA	22.76	090
61552	A		Release of skull seams	19.56	NA	NA	9.57	13.65	2.11	NA	NA	31.24	090
61556	A		Incise skull/sutures	22.26	NA	NA	12.74	15.82	2.38	NA	NA	37.38	090
61557	A		Incise skull/sutures	22.38	NA	NA	14.68	16.38	2.39	NA	NA	39.45	090
61558	A		Excision of skull/sutures	25.58	NA	NA	15.20	18.24	2.71	NA	NA	43.49	090
61559	A		Excision of skull/sutures	32.79	NA	NA	18.50	23.35	3.52	NA	NA	54.81	090
61563	A		Excision of skull tumor	26.83	NA	NA	17.01	19.56	2.88	NA	NA	46.72	090
61564	A		Excision of skull tumor	33.83	NA	NA	21.48	24.68	3.63	NA	NA	58.94	090
61570	A		Remove brain foreign body	24.60	NA	NA	14.80	17.13	2.39	NA	NA	41.79	090
61571	A		Incise skull for brain wound	26.39	NA	NA	16.14	18.95	2.51	NA	NA	45.04	090
61575	A		Skull base/brainstem surgery	34.36	NA	NA	23.10	32.63	3.95	NA	NA	61.41	090
61576	A		Skull base/brainstem surgery	52.43	NA	NA	33.10	31.26	3.06	NA	NA	88.59	090
61580	A		Craniofacial approach, skull	30.35	NA	NA	19.75	22.04	3.21	NA	NA	53.31	090
61581	A		Craniofacial approach, skull	34.60	NA	NA	11.52	22.28	3.65	NA	NA	49.77	090
61582	A		Craniofacial approach, skull	31.66	NA	NA	19.85	22.59	3.30	NA	NA	54.81	090
61583	A		Craniofacial approach, skull	36.21	NA	NA	22.91	25.84	3.78	NA	NA	62.90	090

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CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work			Non-facility			Transitioned Facility			Transitioned Non-facility			Transitioned Facility			Global
				RVUs <sup>3</sup>	practice expense	RVUs	practice expense	RVUs	Mal-practice RVUs	Total	Non-facility Total	Facility Total	Non-facility Total	Facility Total					
61584	A		Orbitocranial approach/skull	34.65	NA	NA	21.33	24.80	3.66	NA	NA	59.64	63.11	090					
61585	A		Orbitocranial approach/skull	38.61	NA	NA	23.04	27.53	4.09	NA	NA	65.74	70.23	090					
61586	A		Resect nasopharynx, skull	25.10	NA	NA	17.75	21.84	1.82	NA	NA	44.67	48.76	090					
61590	A		Infratemporal approach/skull	41.78	NA	NA	27.88	30.66	4.44	NA	NA	74.10	76.88	090					
61591	A		Infratemporal approach/skull	43.68	NA	NA	27.07	31.61	4.66	NA	NA	75.41	79.95	090					
61592	A		Orbitocranial approach/skull	39.64	NA	NA	24.95	28.77	4.23	NA	NA	68.82	72.64	090					
61595	A		Transptemporal approach/skull	29.57	NA	NA	21.09	21.91	3.13	NA	NA	53.79	54.61	090					
61596	A		Transcochlear approach/skull	35.63	NA	NA	24.64	26.38	3.80	NA	NA	64.07	65.81	090					
61597	A		Transcondylar approach/skull	37.96	NA	NA	19.09	26.15	4.01	NA	NA	61.06	68.12	090					
61598	A		Transpetrosal approach/skull	33.41	NA	NA	22.29	24.40	3.54	NA	NA	59.24	61.35	090					
61600	A		Resect/excise cranial lesion	25.85	NA	NA	17.12	18.72	2.71	NA	NA	45.68	47.28	090					
61601	A		Resect/excise cranial lesion	27.89	NA	NA	17.75	19.93	2.91	NA	NA	48.55	50.73	090					
61605	A		Resect/excise cranial lesion	29.33	NA	NA	19.46	21.22	3.07	NA	NA	51.86	53.62	090					
61606	A		Resect/excise cranial lesion	38.83	NA	NA	23.73	27.83	4.11	NA	NA	66.67	70.77	090					
61607	A		Resect/excise cranial lesion	36.27	NA	NA	23.09	26.23	3.84	NA	NA	63.20	66.34	090					
61608	A		Resect/excise cranial lesion	42.10	NA	NA	25.46	30.16	4.47	NA	NA	72.03	76.73	090					
61609	A		Transtect. artery, sinus	9.89	NA	NA	5.55	7.24	1.10	NA	NA	16.54	18.23	ZZZ					
61610	A		Transtect. artery, sinus	29.67	NA	NA	12.97	20.80	3.29	NA	NA	45.93	53.76	ZZZ					
61611	A		Transtect. artery, sinus	7.42	NA	NA	3.47	5.26	0.83	NA	NA	11.72	13.51	ZZZ					
61612	A		Transtect. artery, sinus	27.88	NA	NA	13.09	19.77	3.10	NA	NA	44.07	50.75	ZZZ					
61613	A		Remove aneurysm, sinus	40.86	NA	NA	24.94	29.57	4.39	NA	NA	70.19	74.82	090					
61615	A		Resect/excise lesion, skull	32.07	NA	NA	22.03	23.47	3.37	NA	NA	57.47	58.91	090					
61616	A		Resect/excise lesion, skull	43.33	NA	NA	27.31	31.27	4.58	NA	NA	75.22	79.18	090					
61618	A		Repair dura	16.99	NA	NA	11.89	12.21	1.74	NA	NA	30.62	30.94	090					
61619	A		Repair dura	20.71	NA	NA	13.91	15.03	2.17	NA	NA	36.79	37.91	090					
61624	A		Occlusion/embolization cath	20.15	NA	NA	12.02	15.44	1.40	NA	NA	33.57	36.99	000					
61626	A		Occlusion/embolization cath	16.62	NA	NA	9.21	12.56	1.15	NA	NA	26.98	30.33	000					
61680	A		Intracranial vessel surgery	30.71	NA	NA	19.04	30.04	4.53	NA	NA	54.28	65.28	090					
61682	A		Intracranial vessel surgery	61.57	NA	NA	35.60	37.64	4.98	NA	NA	102.15	104.19	090					
61684	A		Intracranial vessel surgery	39.81	NA	NA	24.60	30.38	2.71	NA	NA	67.12	72.90	090					
61686	A		Intracranial vessel surgery	64.49	NA	NA													

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitioned		Facility		Mal-practice		Non-facility		Transitioned		Facility		Transitioned		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	
61712	D		Skull or spine microsurgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
61720	A		Incise skull/brain surgery	16.77	NA	NA	10.93	17.75	13.84	13.84	3.17	3.17	NA	NA	NA	NA	30.87	37.69	37.69	37.69	090
61735	A		Incise skull/brain surgery	20.43	NA	NA	13.16	13.84	13.84	1.18	1.18	1.18	NA	NA	NA	NA	34.77	35.45	35.45	35.45	090
61750	A		Incise skull; brain biopsy	18.20	NA	NA	11.59	13.92	13.92	3.37	3.37	3.37	NA	NA	NA	NA	33.16	35.49	35.49	35.49	090
61751	A		Brain biopsy with cat scan	17.62	NA	NA	10.98	18.52	18.52	3.47	3.47	3.47	NA	NA	NA	NA	32.07	39.61	39.61	39.61	090
61760	A		Implant brain electrodes	22.27	NA	NA	13.48	15.57	15.57	1.37	1.37	1.37	NA	NA	NA	NA	37.12	39.21	39.21	39.21	090
61770	A		Incise skull for treatment	21.44	NA	NA	13.24	19.08	19.08	2.68	2.68	2.68	NA	NA	NA	NA	37.36	43.20	43.20	43.20	090
61790	A		Treat trigeminal nerve	10.86	NA	NA	5.81	11.18	11.18	2.37	2.37	2.37	NA	NA	NA	NA	19.04	24.41	24.41	24.41	090
61791	A		Treat trigeminal tract	14.61	NA	NA	9.61	10.35	10.35	2.47	2.47	2.47	NA	NA	NA	NA	26.69	27.43	27.43	27.43	090
61793	A		Focus radiation beam	17.24	NA	NA	11.70	18.36	18.36	1.53	1.53	1.53	NA	NA	NA	NA	30.47	37.13	37.13	37.13	090
61795	A		Brain surgery using computer	4.04	NA	NA	2.71	4.29	4.29	1.21	1.21	1.21	NA	NA	NA	NA	7.96	9.54	9.54	9.54	ZZZ
61850	A		Implant neuroelectrodes	12.39	NA	NA	8.28	11.54	11.54	1.77	1.77	1.77	NA	NA	NA	NA	22.44	25.70	25.70	25.70	090
61855	A		Implant neuroelectrodes	13.39	NA	NA	9.32	10.79	10.79	1.15	1.15	1.15	NA	NA	NA	NA	23.86	25.33	25.33	25.33	090
61860	A		Implant neuroelectrodes	20.87	NA	NA	12.89	9.85	9.85	1.24	1.24	1.24	NA	NA	NA	NA	35.00	31.96	31.96	31.96	090
61865	A		Implant neuroelectrodes	22.97	NA	NA	14.16	16.39	16.39	2.42	2.42	2.42	NA	NA	NA	NA	39.55	41.78	41.78	41.78	090
61870	A		Implant neuroelectrodes	14.94	NA	NA	9.37	5.76	5.76	0.64	0.64	0.64	NA	NA	NA	NA	24.95	21.34	21.34	21.34	090
61875	A		Implant neuroelectrodes	15.06	NA	NA	8.34	7.53	7.53	1.02	1.02	1.02	NA	NA	NA	NA	24.42	23.61	23.61	23.61	090
61880	A		Revise/remove neuroelectrode	6.29	NA	NA	5.14	5.19	5.19	0.52	0.52	0.52	NA	NA	NA	NA	11.95	12.00	12.00	12.00	090
61885	A		Implant neuroreceiver	5.85	NA	NA	4.74	2.78	2.78	0.23	0.23	0.23	NA	NA	NA	NA	10.82	8.86	8.86	8.86	090
61888	A		Revise/remove neuroreceiver	5.07	NA	NA	3.83	2.79	2.79	0.34	0.34	0.34	NA	NA	NA	NA	9.24	8.20	8.20	8.20	010
62000	A		Repair of skull fracture	12.53	NA	NA	5.81	6.12	6.12	0.74	0.74	0.74	NA	NA	NA	NA	19.08	19.39	19.39	19.39	090
62005	A		Repair of skull fracture	16.17	NA	NA	9.77	11.46	11.46	1.54	1.54	1.54	NA	NA	NA	NA	27.48	29.17	29.17	29.17	090
62010	A		Treatment of head injury	19.81	NA	NA	12.53	18.76	18.76	2.65	2.65	2.65	NA	NA	NA	NA	34.99	41.22	41.22	41.22	090
62100	A		Repair brain fluid leakage	22.03	NA	NA	14.59	21.24	21.24	2.91	2.91	2.91	NA	NA	NA	NA	39.53	46.18	46.18	46.18	090
62115	A		Reduction of skull defect	21.66	NA	NA	13.47	15.99	15.99	1.42	1.42	1.42	NA	NA	NA	NA	36.55	39.07	39.07	39.07	090
62116	A		Reduction of skull defect	23.59	NA	NA	14.69	17.50	17.50	1.56	1.56	1.56	NA	NA	NA	NA	39.84	42.65	42.65	42.65	090
62117	A		Reduction of skull defect	26.60	NA	NA	15.94	19.62	19.62	1.76	1.76	1.76	NA	NA	NA	NA	44.30	47.98	47.98	47.98	090
62120	A		Repair skull cavity lesion	23.35	NA	NA	15.51	17.63	17.63	1.55	1.55	1.55	NA	NA	NA	NA	40.41	42.53	42.53	42.53	090
62121	A		Incise skull repair	21.58	NA	NA	14.70	17.93	17.93	2.67	2.67	2.67	NA	NA	NA	NA	38.95	42.18	42.18	42.18	090
62140	A		Repair of skull defect	13.51	NA	NA	9.26	13.25	13.25	1.87	1.87	1.87	NA	NA	NA	NA	24.64	28.63	28.63	28.63	090
62141	A		Repair of skull defect	14.91	NA	NA	10.19	15.90	15.90	2.57	2.57	2.57	NA	NA	NA	NA	27.67	33.38	33.38	33.38	090
62142	A		Remove skull plate/flap	10.79	NA	NA	7.51	11.54	11.54	2.07	2.07	2.07	NA	NA	NA	NA	20.37	24.40	24.40	24.40	090
62143	A		Replace skull plate/flap	13.05	NA	NA	8.85	9.68	9.68	1.29	1.29	1.29	NA	NA	NA	NA	23.19	24.02	24.02	24.02	090
62145	A		Repair of skull & brain	18.82	NA	NA	12.57	13.85	13.85	1.79	1.79	1.79	NA	NA	NA	NA	33.18	34.46	34.46	34.46	090
62146	A		Repair of skull with graft	16.12	NA	NA	10.68	11.62	11.62	1.68	1.68	1.68	NA	NA	NA	NA	28.48	29.42	29.42	29.42	090
62147	A		Repair of skull with graft	19.34	NA	NA	12.77	13.91	13.91	2.01	2.01	2.01	NA	NA	NA	NA	34.12	35.26	35.26	35.26	090
62180	A		Establish brain cavity shunt	21.06	NA	NA	13.61	14.97	14.97	2.11	2.11	2.11	NA	NA	NA	NA	36.78	38.14	38.14	38.14	090
62190	A		Establish brain cavity shunt	11.07	NA	NA	8.13	11.95	11.95	2.51	2.51	2.51	NA	NA	NA	NA	21.71	25.53	25.53	25.53	090
62192	A		Establish brain cavity shunt	12.25	NA	NA	8.53	13.11	13.11	2.14	2.14	2.14	NA	NA	NA	NA	22.92	27.50	27.50	27.50	090
62194	A		Replace/irrigate catheter	5.03	NA	NA	2.53	2.16	2.16	0.23	0.23	0.23	NA	NA	NA	NA	7.79	7.42	7.42	7.42	010

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitional Non-facility		Transitional Facility		Mal- practice		Non- facility		Transitional Non-facility		Transitional Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	Total	Non- facility	Total	Non- facility	Total		
62200	A		Establish brain cavity shunt	18.32	NA	NA	12.21	16.85	2.42	NA	NA	NA	NA	NA	NA	32.95	37.59	090	
62201	A		Establish brain cavity shunt	14.86	NA	NA	10.05	9.66	1.35	NA	NA	NA	NA	NA	NA	26.26	25.87	090	
62220	A		Establish brain cavity shunt	13.00	NA	NA	8.55	13.78	2.44	NA	NA	NA	NA	NA	NA	23.99	29.22	090	
62223	A		Establish brain cavity shunt	12.87	NA	NA	8.63	13.69	2.36	NA	NA	NA	NA	NA	NA	23.86	28.92	090	
62225	A		Replace/irrigate catheter	5.41	NA	NA	4.12	4.94	0.45	NA	NA	NA	NA	NA	NA	9.98	10.80	090	
62230	A		Replace/revise brain shunt	10.54	NA	NA	7.03	9.76	1.42	NA	NA	NA	NA	NA	NA	18.99	21.72	090	
62256	A		Remove brain cavity shunt	6.60	NA	NA	5.19	6.49	0.92	NA	NA	NA	NA	NA	NA	12.71	14.01	090	
62258	A		Replace brain cavity shunt	14.54	NA	NA	9.35	14.37	1.99	NA	NA	NA	NA	NA	NA	25.88	30.90	090	
62268	A		Drain spinal cord cyst	4.74	NA	NA	2.80	3.12	0.28	NA	NA	NA	NA	NA	NA	7.82	8.14	000	
62269	A		Needle biopsy spinal cord	5.02	NA	NA	2.28	2.00	0.22	NA	NA	NA	NA	NA	NA	7.52	7.24	000	
62270	A		Spinal fluid tap, diagnostic	1.13	0.67	0.75	0.39	0.68	0.05	1.85	1.93	1.85	1.85	1.93	1.57	1.86	000		
62272	A		Drain spinal fluid	1.35	0.81	1.03	0.56	0.97	0.09	2.25	2.47	2.25	2.25	2.47	2.00	2.41	000		
62273	A		Treat lumbar spine lesion	2.15	1.24	1.23	0.89	1.14	0.20	3.59	3.58	3.59	3.59	3.58	3.24	3.49	000		
62274	A		Inject spinal anesthetic	1.78	2.73	1.28	1.33	0.93	0.13	4.64	3.19	4.64	4.64	3.19	3.24	2.84	2.84	000	
62275	A		Inject spinal anesthetic	1.79	2.42	1.09	1.33	0.81	0.15	4.36	3.03	4.36	4.36	3.03	3.27	2.75	000		
62276	A		Inject spinal anesthetic	2.04	2.65	1.66	1.56	1.39	0.18	4.87	3.88	4.87	4.87	3.88	3.78	3.61	000		
62277	A		Inject spinal anesthetic	2.15	3.00	1.43	1.33	1.02	0.18	5.33	3.76	5.33	5.33	3.76	3.66	3.35	000		
62278	A		Inject spinal anesthetic	1.51	1.74	1.23	1.36	1.14	0.20	3.45	2.94	3.45	3.45	2.94	3.07	2.85	000		
62279	A		Inject spinal anesthetic	1.58	1.90	1.14	1.23	0.98	0.19	3.67	2.91	3.67	3.67	2.91	3.00	2.75	000		
62280	A		Treat spinal cord lesion	2.63	3.62	1.48	1.65	0.99	0.11	6.36	4.22	6.36	6.36	4.22	4.39	3.73	010		
62281	A		Treat spinal cord lesion	2.66	2.69	1.38	1.45	1.07	0.22	5.57	4.26	5.57	5.57	4.26	4.33	3.95	010		
62282	A		Treat spinal canal lesion	2.33	4.09	2.40	1.52	1.76	0.31	6.73	5.04	6.73	6.73	5.04	4.16	4.40	010		
62284	A		Injection for myelogram	1.54	3.42	2.47	0.72	1.55	0.27	5.23	4.28	5.23	5.23	4.28	2.53	3.36	000		
62287	A		Percutaneous disectomy	8.08	NA	NA	4.83	6.87	2.07	NA	NA	NA	NA	NA	14.98	17.02	090		
62288	A		Injection into spinal canal	1.74	2.87	1.63	1.47	1.28	0.19	4.80	3.56	4.80	4.80	3.56	3.40	3.21	000		
62289	A		Injection into spinal canal	1.64	2.82	1.58	1.29	1.19	0.23	4.69	3.45	4.69	4.69	3.45	3.16	3.06	000		
62290	A		Inject for spine disk x-ray	3.00	3.79	2.46	1.42	1.87	0.19	6.98	5.65	6.98	6.98	5.65	4.61	5.06	000		
62291	A		Inject for spine disk x-ray	2.91	3.82	2.40	1.19	1.75	0.31	7.04	5.62	7.04	7.04	5.62	4.41	4.97	000		
62292	A		Injection into disk lesion	7.86	NA	NA	4.69	8.22	1.67	NA	NA	NA	NA	NA	14.22	17.75	090		
62294	A		Injection into spinal artery	11.83	NA	NA	6.19	6.30	0.53	NA	NA	NA	NA	NA	18.55	18.66	090		
62298	A		Injection into spinal canal	2.20	2.50	1.47	1.33	1.18	0.10	4.80	3.77	4.80	4.80	3.77	3.63	3.48	000		
62350	A		Implant spinal catheter	6.87	NA	NA	3.58	3.74	0.80	NA	NA	NA	NA	NA	11.25	11.41	090		
62351	A		Implant spinal catheter	10.00	NA	NA	6.90	5.93	1.17	NA	NA	NA	NA	NA	18.07	17.10	090		
62355	A		Remove spinal canal catheter	5.45	NA	NA	2.33	3.43	0.53	NA	NA	NA	NA	NA	8.31	9.41	090		
62360	A		Insert spine infusion device	2.62	NA	NA	2.27	1.48	0.26	NA	NA	NA	NA	NA	5.15	4.36	090		
62361	A		Implant spine infusion pump	5.42	NA	NA	3.11	2.96	0.61	NA	NA	NA	NA	NA	9.14	8.99	090		
62362	A		Implant spine infusion pump	7.04	NA	NA	4.17	3.90	0.80	NA	NA	NA	NA	NA	12.01	11.74	090		
62365	A		Remove spine infusion device	5.42	NA	NA	3.03	3.59	0.53	NA	NA	NA	NA	NA	8.98	9.54	090		
62367	C		Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
62367	26	A	Analyze spine infusion pump	0.48	0.12	0.32	0.12	0.32	0.05	0.65	0.85	0.65	0.65	0.85	0.65	0.85	0.85	XXX	

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## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Mal- practice		Transitioned Non- facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	Total	Total			
62367	TC	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
62368		C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
62368	26	A	Analyze spine infusion pump	0.75	0.17	0.49	0.17	0.49	0.17	0.49	0.09	0.09	1.01	1.33	1.01	1.33	XXX
62368	TC	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
63001		A	Removal of spinal lamina	15.82	NA	NA	NA	10.65	16.82	16.82	2.68	2.68	NA	NA	29.15	35.32	090
63003		A	Removal of spinal lamina	15.95	NA	NA	NA	11.35	17.13	17.13	2.53	2.53	NA	NA	29.83	35.61	090
63005		A	Removal of spinal lamina	14.92	NA	NA	NA	10.90	16.08	16.08	2.43	2.43	NA	NA	28.25	33.43	090
63011		A	Removal of spinal lamina	14.52	NA	NA	NA	7.74	10.07	10.07	1.46	1.46	NA	NA	23.72	26.05	090
63012		A	Removal of spinal lamina	15.40	NA	NA	NA	10.76	16.48	16.48	2.46	2.46	NA	NA	28.62	34.34	090
63015		A	Removal of spinal lamina	19.35	NA	NA	NA	13.10	20.56	20.56	3.27	3.27	NA	NA	35.72	43.18	090
63016		A	Removal of spinal lamina	19.20	NA	NA	NA	13.16	20.48	20.48	3.22	3.22	NA	NA	35.58	42.90	090
63017		A	Removal of spinal lamina	15.94	NA	NA	NA	11.37	17.11	17.11	3.13	3.13	NA	NA	30.44	36.18	090
63020		A	Neck spine disk surgery	14.81	NA	NA	NA	10.67	15.73	15.73	2.64	2.64	NA	NA	28.12	33.18	090
63030		A	Low back disk surgery	12.00	NA	NA	NA	9.18	13.04	13.04	2.20	2.20	NA	NA	23.38	27.24	090
63035		A	Spinal disk surgery add-on	3.15	NA	NA	NA	2.16	3.37	3.37	0.59	0.59	NA	NA	5.90	7.11	ZZZ
63040		A	Neck spine disk surgery	18.81	NA	NA	NA	12.84	20.05	20.05	3.36	3.36	NA	NA	35.01	42.22	090
63042		A	Low back disk surgery	17.47	NA	NA	NA	12.34	18.73	18.73	3.43	3.43	NA	NA	33.24	39.63	090
63045		A	Removal of spinal lamina	16.50	NA	NA	NA	11.59	17.67	17.67	3.43	3.43	NA	NA	31.52	37.60	090
63046		A	Removal of spinal lamina	15.80	NA	NA	NA	11.25	16.96	16.96	3.58	3.58	NA	NA	30.63	36.34	090
63047		A	Removal of spinal lamina	14.61	NA	NA	NA	10.82	15.79	15.79	3.50	3.50	NA	NA	28.93	33.90	090
63048		A	Remove spinal lamina add-on	3.26	NA	NA	NA	2.26	3.49	3.49	0.81	0.81	NA	NA	6.33	7.56	ZZZ
63055		A	Decompress spinal cord	21.99	NA	NA	NA	14.88	23.03	23.03	3.27	3.27	NA	NA	40.14	48.29	090
63056		A	Decompress spinal cord	20.36	NA	NA	NA	13.97	21.27	21.27	2.94	2.94	NA	NA	37.27	44.57	090
63057		A	Decompress spine cord add-on	5.26	NA	NA	NA	3.27	3.95	3.95	0.66	0.66	NA	NA	9.19	9.87	ZZZ
63064		A	Decompress spinal cord	24.61	NA	NA	NA	16.46	23.51	23.51	3.20	3.20	NA	NA	44.27	51.32	090
63066		A	Decompress spine cord add-on	3.26	NA	NA	NA	2.28	2.59	2.59	0.35	0.35	NA	NA	5.89	6.20	ZZZ
63075		A	Neck spine disk surgery	19.41	NA	NA	NA	13.21	17.61	17.61	2.51	2.51	NA	NA	35.13	39.53	090
63076		A	Neck spine disk surgery	4.05	NA	NA	NA	2.80	4.33	4.33	0.76	0.76	NA	NA	7.61	9.14	ZZZ
63077		A	Spine disk surgery, thorax	21.44	NA	NA	NA	14.75	18.68	18.68	2.48	2.48	NA	NA	38.67	42.60	090
63078		A	Spine disk surgery, thorax	3.28	NA	NA	NA	2.25	2.69	2.69	0.35	0.35	NA	NA	5.88	6.32	ZZZ
63081		A	Removal of vertebral body	23.73	NA	NA	NA	16.08	25.27	25.27	3.52	3.52	NA	NA	43.33	52.52	090
63082		A	Remove vertebral body add-on	4.37	NA	NA	NA	2.99	4.66	4.66	0.95	0.95	NA	NA	8.31	9.98	ZZZ
63085		A	Removal of vertebral body	26.92	NA	NA	NA	17.73	26.73	26.73	3.67	3.67	NA	NA	48.32	57.32	090
63086		A	Remove vertebral body add-on	3.19	NA	NA	NA	2.21	3.41	3.41	0.84	0.84	NA	NA	6.24	7.44	ZZZ
63087		A	Removal of vertebral body	35.57	NA	NA	NA	19.95	27.98	27.98	3.79	3.79	NA	NA	59.31	67.34	090
63088		A	Remove vertebral body add-on	4.33	NA	NA	NA	2.91	4.61	4.61	0.92	0.92	NA	NA	8.16	9.86	ZZZ
63090		A	Removal of vertebral body	28.16	NA	NA	NA	18.18	28.33	28.33	3.85	3.85	NA	NA	50.19	60.34	090
63091		A	Remove vertebral body add-on	3.03	NA	NA	NA	2.06	2.74	2.74	0.36	0.36	NA	NA	5.45	6.13	ZZZ
63170		A	Incise spinal cord tract(s)	19.83	NA	NA	NA	13.58	18.76	18.76	2.57	2.57	NA	NA	35.98	41.16	090
63172		A	Drainage of spinal cyst	17.66	NA	NA	NA	12.70	18.99	18.99	3.33	3.33	NA	NA	33.69	39.98	090

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CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility			Transitioned			Facility			Transitioned			Facility			Transitioned													
					practice expense RVUs	practice expense RVUs	practice expense RVUs	Non- facility practice expense RVUs	Non- facility practice expense RVUs	Mal- practice RVUs	Non- facility practice expense RVUs	Non- facility practice expense RVUs	Total	Non- facility practice expense RVUs	Total	Facility practice expense RVUs	Total	Facility practice expense RVUs	Total	Facility practice expense RVUs	Total	Facility practice expense RVUs	Total										
																								Non- facility practice expense RVUs	Non- facility practice expense RVUs	Mal- practice RVUs	Non- facility practice expense RVUs	Non- facility practice expense RVUs	Total	Facility practice expense RVUs	Total	Facility practice expense RVUs	Total
Global	Global	Global	Global	Global	Global	Global	Global	Global	Global	Global	Global	Global	Global	Global	Global	Global	Global	Global	Global	Global	Global												
331173	A		Drainage of spinal cyst	21.99	NA	NA	14.94	16.33	1.42	NA	NA	38.35	39.74	090																			
33180	A		Revise spinal cord ligaments	18.27	NA	NA	11.01	12.20	1.60	NA	NA	30.88	32.07	090																			
33182	A		Revise spinal cord ligaments	20.50	NA	NA	12.30	16.46	1.73	NA	NA	34.53	38.69	090																			
33185	A		Incise spinal column/nerves	15.04	NA	NA	9.85	15.12	2.29	NA	NA	27.18	32.45	090																			
33190	A		Incise spinal column/nerves	17.45	NA	NA	11.81	18.58	3.06	NA	NA	32.32	39.09	090																			
33191	A		Incise spinal column/nerves	17.54	NA	NA	11.52	13.49	1.73	NA	NA	30.79	32.76	090																			
33194	A		Incise spinal column & cord	19.19	NA	NA	11.95	13.59	1.82	NA	NA	32.96	34.60	090																			
33195	A		Incise spinal column & cord	18.84	NA	NA	12.29	14.35	1.65	NA	NA	32.78	34.84	090																			
33196	A		Incise spinal column & cord	22.30	NA	NA	11.57	15.58	1.43	NA	NA	35.30	39.31	090																			
33197	A		Incise spinal column & cord	21.11	NA	NA	13.83	15.14	2.05	NA	NA	36.99	38.30	090																			
33198	A		Incise spinal column & cord	25.38	NA	NA	13.15	16.57	2.50	NA	NA	41.03	44.45	090																			
33199	A		Incise spinal column & cord	26.89	NA	NA	15.39	21.26	2.04	NA	NA	44.32	50.19	090																			
33200	A		Release of spinal cord	19.18	NA	NA	12.25	13.23	1.43	NA	NA	32.86	33.84	090																			
33250	A		Revise spinal cord vessels	40.76	NA	NA	18.89	27.51	4.08	NA	NA	63.73	72.35	090																			
33251	A		Revise spinal cord vessels	41.20	NA	NA	24.40	24.61	3.38	NA	NA	68.98	69.19	090																			
33252	A		Revise spinal cord vessels	41.19	NA	NA	24.70	29.17	4.32	NA	NA	70.21	74.68	090																			
33265	A		Excise intraspinal lesion	21.56	NA	NA	14.22	21.47	3.05	NA	NA	38.83	46.08	090																			
33266	A		Excise intraspinal lesion	22.30	NA	NA	14.63	23.62	3.47	NA	NA	40.40	49.39	090																			
33267	A		Excise intraspinal lesion	17.95	NA	NA	12.22	19.13	3.29	NA	NA	33.46	40.37	090																			
33268	A		Excise intraspinal lesion	18.52	NA	NA	11.98	13.22	1.92	NA	NA	32.42	33.66	090																			

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global	
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs		RVUs
63304	A		Removal of vertebral body	30.33	NA	NA	NA	18.74	22.03	1.95	NA	NA	51.02	54.31	090									
63305	A		Removal of vertebral body	32.03	NA	NA	NA	19.52	23.19	2.93	NA	NA	54.48	58.15	090									
63306	A		Removal of vertebral body	32.22	NA	NA	NA	19.04	23.29	2.07	NA	NA	53.33	57.58	090									
63307	A		Removal of vertebral body	31.63	NA	NA	NA	17.92	24.36	2.33	NA	NA	51.88	58.32	090									
63308	A		Remove vertebral body add-on	5.25	NA	NA	NA	3.08	4.07	0.57	NA	NA	8.90	9.89	ZZZ									
63600	A		Remove spinal cord lesion	14.02	NA	NA	NA	6.05	10.22	2.06	NA	NA	22.13	26.30	090									
63610	A		Stimulation of spinal cord	8.73	NA	NA	NA	3.13	6.26	1.61	NA	NA	13.47	16.60	000									
63615	A		Remove lesion of spinal cord	16.28	NA	NA	NA	10.91	12.13	1.59	NA	NA	28.78	30.00	090									
63650	A		Implant neuroelectrodes	6.74	NA	NA	NA	2.56	6.67	1.67	NA	NA	10.97	15.08	090									
63655	A		Implant neuroelectrodes	10.29	NA	NA	NA	7.62	11.12	2.85	NA	NA	20.76	24.26	090									
63660	A		Revise/remove neuroelectrode	6.16	NA	NA	NA	3.36	6.36	1.22	NA	NA	10.74	13.74	090									
63685	A		Implant neuroreceiver	7.04	NA	NA	NA	3.98	7.02	1.14	NA	NA	12.16	15.20	090									
63688	A		Revise/remove neuroreceiver	5.39	NA	NA	NA	3.39	5.68	0.99	NA	NA	9.77	12.06	090									
63690	D		Analysis of neuroreceiver	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX									
63691	D		Analysis of neuroreceiver	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX									
63700	A		Repair of spinal herniation	16.53	NA	NA	NA	10.97	11.98	1.74	NA	NA	29.24	30.25	090									
63702	A		Repair of spinal herniation	18.48	NA	NA	NA	12.49	13.53	1.95	NA	NA	32.92	33.96	090									
63704	A		Repair of spinal herniation	21.18	NA	NA	NA	13.69	14.97	2.17	NA	NA	37.04	38.32	090									
63706	A		Repair of spinal herniation	24.11	NA	NA	NA	11.41	16.14	2.49	NA	NA	38.01	42.74	090									
63707	A		Repair spinal fluid leakage	11.26	NA	NA	NA	8.18	12.13	2.00	NA	NA	21.44	25.39	090									
63709	A		Repair spinal fluid leakage	14.32	NA	NA	NA	10.32	15.40	2.58	NA	NA	27.22	32.30	090									
63710	A		Graft repair of spine defect	14.07	NA	NA	NA	9.97	10.43	1.24	NA	NA	25.28	25.74	090									
63740	A		Install spinal shunt	11.36	NA	NA	NA	8.36	12.27	2.34	NA	NA	22.06	25.97	090									
63741	A		Install spinal shunt	8.25	NA	NA	NA	5.50	8.76	1.87	NA	NA	15.62	18.88	090									
63744	A		Revision of spinal shunt	8.10	NA	NA	NA	5.36	7.97	1.31	NA	NA	14.77	17.38	090									
63746	A		Removal of spinal shunt	6.43	NA	NA	NA	3.21	5.30	0.84	NA	NA	10.48	12.57	090									
64400	A		Injection for nerve block	1.11	1.63	0.80	1.39	0.49	0.04	0.04	2.78	1.95	2.31	1.64	000									
64402	A		Injection for nerve block	1.25	3.53	1.39	0.95	0.84	0.07	0.07	4.85	2.71	2.68	2.16	000									
64405	A		Injection for nerve block	1.32	1.71	0.95	0.95	1.06	0.53	0.05	3.08	2.32	2.43	1.90	000									
64408	A		Injection for nerve block	1.41	2.12	1.38	1.06	1.54	0.81	0.09	3.62	2.88	3.04	2.31	000									
64410	A		Injection for nerve block	1.43	1.91	1.06	1.06	1.28	0.90	0.12	3.46	2.61	2.83	2.45	000									
64412	A		Injection for nerve block	1.18	1.90	0.98	0.98	1.11	0.53	0.06	3.14	2.22	2.35	1.77	000									
64413	A		Injection for nerve block	1.40	2.01	1.10	1.10	1.31	0.63	0.06	3.47	2.56	2.77	2.09	000									
64415	A		Injection for nerve block	1.48	1.88	0.68	0.68	1.24	0.52	0.05	3.41	2.21	2.77	2.05	000									
64417	A		Injection for nerve block	1.44	1.97	1.00	1.00	1.13	0.79	0.12	3.53	2.56	2.69	2.35	000									
64418	A		Injection for nerve block	1.32	1.64	1.10	1.10	1.06	0.61	0.08	3.04	2.50	2.46	2.01	000									
64420	A		Injection for nerve block	1.18	1.64	0.93	0.93	1.05	0.78	0.05	2.87	2.16	2.28	2.01	000									
64421	A		Injection for nerve block	1.68	1.82	1.13	1.13	1.25	0.99	0.13	3.63	2.94	3.06	2.80	000									
64425	A		Injection for nerve block	1.75	1.56	0.86	0.86	1.15	0.75	0.08	3.39	2.69	2.98	2.58	000									
64430	A		Injection for nerve block	1.46	2.29	1.14	1.14	1.21	0.87	0.09	3.84	2.69	2.76	2.42	000									

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## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician	Non-		Transitioned		Transitioned		Mal-	Transitioned		Transitioned		Global
				work <sup>3</sup> RVUs	facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Non- facility Total	Non- facility Total	Facility Total	Facility Total				
64435	A		Injection for nerve block	1.45	2.62	1.04	1.73	0.63	0.07	0.07	0.07	4.14	2.56	3.25	2.15	000
64440	A		Injection for nerve block	1.34	2.51	1.27	1.34	0.66	0.07	0.07	0.07	3.92	2.68	2.75	2.07	000
64441	A		Injection for nerve block	1.79	2.77	1.52	1.38	0.76	0.09	0.09	0.09	4.65	3.40	3.26	2.64	000
64442	A		Injection for nerve block	1.41	2.76	1.66	1.43	1.33	0.13	0.13	0.13	4.30	3.20	2.97	2.87	000
64443	A		Inject, nerve block add-on	0.98	2.50	1.14	1.48	0.88	0.09	0.09	0.09	3.57	2.21	2.55	1.95	ZZZ
64445	A		Injection for nerve block	1.48	2.34	0.98	1.33	0.54	0.05	0.05	0.05	3.87	2.51	2.86	2.07	000
64450	A		Injection for nerve block	1.27	1.31	0.76	1.16	0.51	0.04	0.04	0.04	2.62	2.07	2.47	1.82	000
64505	A		Injection for nerve block	1.36	1.82	0.96	1.28	0.58	0.05	0.05	0.05	3.23	2.37	2.69	1.99	000
64508	A		Injection for nerve block	1.12	1.47	1.22	1.46	0.79	0.06	0.06	0.06	2.65	2.40	2.64	1.97	000
64510	A		Injection for nerve block	1.22	1.59	0.98	1.16	0.87	0.14	0.14	0.14	2.95	2.34	2.52	2.23	000
64520	A		Injection for nerve block	1.35	2.78	1.28	1.21	0.89	0.13	0.13	0.13	4.26	2.76	2.69	2.37	000
64530	A		Injection for nerve block	1.58	2.40	1.55	1.42	1.31	0.22	0.22	0.22	4.20	3.35	3.22	3.11	000
64550	A		Apply neurostimulator	0.18	0.32	0.44	0.05	0.19	0.03	0.03	0.03	0.53	0.65	0.26	0.40	000
64553	A		Implant neuroelectrodes	2.31	1.34	1.17	1.36	0.76	0.08	0.08	0.08	3.73	3.56	3.75	3.15	010
64555	A		Implant neuroelectrodes	2.27	1.86	0.81	0.45	0.29	0.08	0.08	0.08	4.21	3.16	2.80	2.64	010
64560	A		Implant neuroelectrodes	2.36	1.87	1.65	0.48	0.71	0.19	0.19	0.19	4.42	4.20	3.03	3.26	010
64565	A		Implant neuroelectrodes	1.76	2.09	1.14	0.71	0.49	0.06	0.06	0.06	3.91	2.96	2.53	2.31	010
64573	A		Implant neuroelectrodes	4.43	NA	NA	3.65	3.49	0.48	0.48	0.48	NA	NA	8.56	8.40	090
64575	A		Implant neuroelectrodes	4.35	NA	NA	3.56	3.39	0.31	0.31	0.31	NA	NA	8.22	8.05	090
64577	A		Implant neuroelectrodes	4.62	NA	NA	3.31	3.08	0.35	0.35	0.35	NA	NA	8.28	8.05	090
64580	A		Implant neuroelectrodes	4.12	NA	NA	2.76	3.06	0.16	0.16	0.16	NA	NA	7.04	7.34	090
64585	A		Revise/remove neuroelectrode	2.06	1.36	1.13	1.77	1.23	0.07	0.07	0.07	3.49	3.26	3.90	3.36	010
64590	A		Implant neuroreducer	2.40	NA	NA	2.33	2.08	0.27	0.27	0.27	NA	NA	5.00	4.75	010
64595	A		Revise/remove neuroreducer	1.73	NA	NA	1.36	1.26	0.16	0.16	0.16	NA	NA	3.25	3.15	010
64600	A		Injection treatment of nerve	3.45	2.29	1.95	1.80	1.82	0.13	0.13	0.13	5.87	5.53	5.38	5.40	010
64605	A		Injection treatment of nerve	5.61	2.45	1.88	2.10	1.79	0.26	0.26	0.26	8.32	7.75	7.97	7.66	010
64610	A		Injection treatment of nerve	7.16	NA	NA	4.50	7.04	1.06	1.06	1.06	NA	NA	12.72	15.26	010
64612	A		Destroy nerve, face muscle	1.96	2.51	1.81	2.14	1.13	0.13	0.13	0.13	4.60	3.90	4.23	3.22	010
64613	A		Destroy nerve, spine muscle	1.96	1.28	1.50	1.29	0.92	0.13	0.13	0.13	3.37	3.59	3.38	3.01	010
64618	A		Injection treatment of nerve	2.84	2.02	1.32	1.57	1.21	0.15	0.15	0.15	5.01	4.31	4.56	4.20	010
64620	A		Injection treatment of nerve	3.00	2.91	2.21	1.65	1.90	0.27	0.27	0.27	6.18	5.48	4.92	5.17	010
64622	A		Injection treatment of nerve	0.99	2.02	1.20	1.27	1.01	0.13	0.13	0.13	3.14	2.32	2.39	2.13	ZZZ
64623	A		Inject, tx of nerve add-on	3.00	2.73	2.10	1.61	1.82	0.30	0.30	0.30	6.03	5.40	4.91	5.12	010
64630	A		Injection treatment of nerve	2.76	3.08	1.52	2.27	1.32	0.07	0.07	0.07	5.91	4.35	5.10	4.15	010
64640	A		Injection treatment of nerve	2.62	2.00	1.76	1.79	1.71	0.32	0.32	0.32	4.94	4.70	4.73	4.65	010
64702	A		Revise finger/toe nerve	4.23	NA	NA	3.66	4.35	0.55	0.55	0.55	NA	NA	8.44	9.13	090
64704	A		Revise hand/foot nerve	4.57	NA	NA	3.03	4.85	0.58	0.58	0.58	NA	NA	8.18	10.00	090
64708	A		Revise arm/leg nerve	6.12	NA	NA	4.87	6.69	0.99	0.99	0.99	NA	NA	11.98	13.80	090
64712	A		Revision of sciatic nerve	7.75	NA	NA	4.52	8.08	1.31	1.31	1.31	NA	NA	13.58	17.14	090
64713	A		Revision of arm nerve(s)	11.00	NA	NA	5.72	9.08	1.35	1.35	1.35	NA	NA	18.07	21.43	090

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## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitional		Facility		Transitional		Facility		Global
					practice RVUs	expense RVUs	Non-facility practice RVUs	expense RVUs	Mal- practice RVUs	Transitional		Facility			
										Non-facility Total	Non-facility Total	Facility Total	Facility Total		
64714	A		Revise low back nerve(s)	10.33	NA	NA	4.03	6.00	1.10	NA	NA	15.46	17.43	090	
64716	A		Revision of cranial nerve	6.31	NA	NA	5.10	5.21	0.52	NA	NA	11.93	12.04	090	
64718	A		Revise ulnar nerve at elbow	5.99	NA	NA	5.01	6.62	0.88	NA	NA	11.88	13.49	090	
64719	A		Revise ulnar nerve at wrist	4.85	NA	NA	4.33	5.11	0.66	NA	NA	9.84	10.62	090	
64721	A		Carpal tunnel surgery	4.29	5.14	5.13	5.12	5.12	0.65	10.08	10.07	10.06	10.06	090	
64722	A		Relieve pressure on nerve(s)	4.70	NA	NA	2.83	4.92	0.87	NA	NA	8.40	10.49	090	
64726	A		Release foot/toe nerve	4.18	NA	NA	2.44	1.20	0.05	NA	NA	6.67	5.43	090	
64727	A		Internal nerve revision	3.10	NA	NA	1.83	3.10	0.43	NA	NA	5.36	6.63	ZZZ	
64732	A		Incision of brow nerve	4.41	NA	NA	3.19	4.31	0.56	NA	NA	8.16	9.28	090	
64734	A		Incision of cheek nerve	4.92	NA	NA	3.44	4.61	0.52	NA	NA	8.88	10.05	090	
64736	A		Incision of chin nerve	4.60	NA	NA	2.71	4.31	0.33	NA	NA	7.64	9.24	090	
64738	A		Incision of jaw nerve	5.73	NA	NA	3.48	5.00	0.48	NA	NA	9.69	11.21	090	
64740	A		Incision of tongue nerve	5.59	NA	NA	3.39	5.06	0.49	NA	NA	9.47	11.14	090	
64742	A		Incision of facial nerve	6.22	NA	NA	4.77	5.27	0.34	NA	NA	11.33	11.83	090	
64744	A		Incise nerve, back of head	5.24	NA	NA	3.70	5.61	0.86	NA	NA	9.80	11.71	090	
64746	A		Incise diaphragm nerve	5.93	NA	NA	3.81	4.02	0.60	NA	NA	10.34	10.55	090	
64752	A		Incision of vagus nerve	7.06	NA	NA	4.39	4.30	0.66	NA	NA	12.11	12.02	090	
64755	A		Incision of stomach nerves	13.52	NA	NA	6.64	10.18	1.78	NA	NA	21.94	25.48	090	
64760	A		Incision of vagus nerve	6.96	NA	NA	4.00	6.42	1.17	NA	NA	12.13	14.55	090	
64761	A		Incision of pelvis nerve	6.41	NA	NA	3.57	4.69	0.39	NA	NA	10.37	11.49	090	
64763	A		Incise hip/thigh nerve	6.93	NA	NA	6.31	5.49	0.72	NA	NA	13.96	13.14	090	
64766	A		Incise hip/thigh nerve	8.67	NA	NA	6.22	6.99	0.94	NA	NA	15.83	16.60	090	
64771	A		Sever cranial nerve	7.35	NA	NA	5.71	6.66	0.57	NA	NA	13.63	14.58	090	
64772	A		Incision of spinal nerve	7.21	NA	NA	4.61	6.67	1.02	NA	NA	12.84	14.90	090	
64774	A		Remove skin nerve lesion	5.17	NA	NA	3.38	3.07	0.35	NA	NA	8.90	8.59	090	
64776	A		Remove digit nerve lesion	5.12	NA	NA	3.21	3.07	0.32	NA	NA	8.65	8.51	090	
64778	A		Digit nerve surgery add-on	3.11	NA	NA	1.77	2.66	0.34	NA	NA	5.22	6.11	ZZZ	
64782	A		Remove limb nerve lesion	6.23	NA	NA	3.55	4.71	0.36	NA	NA	10.14	11.30	090	
64783	A		Limb nerve surgery add-on	3.72	NA	NA	2.23	3.21	0.37	NA	NA	6.32	7.30	ZZZ	
64784	A		Remove nerve lesion	9.82	NA	NA	6.43	6.20	0.75	NA	NA	17.00	16.77	090	
64786	A		Remove sciatic nerve lesion	15.46	NA	NA	10.07	12.82	1.67	NA	NA	27.20	29.95	090	
64787	A		Implant nerve end	4.30	NA	NA	2.24	3.39	0.47	NA	NA	7.01	8.16	ZZZ	
64788	A		Remove skin nerve lesion	4.61	NA	NA	3.41	3.81	0.39	NA	NA	8.41	8.81	090	
64790	A		Removal of nerve lesion	11.31	NA	NA	7.60	7.69	0.95	NA	NA	19.86	19.95	090	
64792	A		Removal of nerve lesion	14.92	NA	NA	9.40	9.67	1.30	NA	NA	25.62	25.89	090	
64795	A		Biopsy of nerve	3.01	NA	NA	1.74	2.37	0.31	NA	NA	5.06	5.69	000	
64802	A		Remove sympathetic nerves	9.15	NA	NA	4.90	5.62	0.86	NA	NA	14.91	15.63	090	
64804	A		Remove sympathetic nerves	14.64	NA	NA	7.44	12.26	1.91	NA	NA	23.99	28.81	090	
64809	A		Remove sympathetic nerves	13.67	NA	NA	6.63	10.25	1.60	NA	NA	21.90	25.52	090	
64818	A		Remove sympathetic nerves	10.30	NA	NA	5.68	8.40	1.35	NA	NA	17.33	20.05	090	

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non-facility		Transitional		Facility		Transitional		Facility		Transitional		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
64820	A		Remove sympathetic nerves	10.37	NA	NA	7.65	7.83	1.11	NA	NA	19.13	19.31	0.00	0.00	0.00	090
64830	D		Microrepair of nerve	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
64831	A		Repair of digit nerve	9.44	NA	NA	6.84	4.46	0.44	NA	NA	16.72	14.34	0.00	0.00	0.00	090
64832	A		Repair nerve add-on	5.66	NA	NA	3.38	1.99	0.19	NA	NA	9.23	7.84	0.00	0.00	0.00	ZZZ
64834	A		Repair of hand or foot nerve	10.19	NA	NA	6.86	4.57	0.44	NA	NA	17.49	15.20	0.00	0.00	0.00	090
64835	A		Repair of hand or foot nerve	10.94	NA	NA	7.49	6.73	0.81	NA	NA	19.24	18.48	0.00	0.00	0.00	090
64836	A		Repair of hand or foot nerve	10.94	NA	NA	7.70	7.38	0.95	NA	NA	19.59	19.27	0.00	0.00	0.00	090
64837	A		Repair nerve add-on	6.26	NA	NA	3.69	4.55	0.66	NA	NA	11.47	11.47	0.00	0.00	0.00	ZZZ
64840	A		Repair of leg nerve	13.02	NA	NA	8.57	10.57	0.41	NA	NA	22.00	24.00	0.00	0.00	0.00	090
64856	A		Repair/transpose nerve	13.80	NA	NA	9.61	9.09	1.14	NA	NA	24.55	24.03	0.00	0.00	0.00	090
64857	A		Repair arm/leg nerve	14.49	NA	NA	10.11	10.28	1.20	NA	NA	25.80	25.97	0.00	0.00	0.00	090
64858	A		Repair sciatic nerve	16.49	NA	NA	10.79	11.64	1.65	NA	NA	28.93	29.78	0.00	0.00	0.00	090
64859	A		Nerve surgery	4.26	NA	NA	2.60	3.50	0.45	NA	NA	7.31	8.21	0.00	0.00	0.00	ZZZ
64861	A		Repair of arm nerves	19.24	NA	NA	12.54	14.06	1.08	NA	NA	32.86	34.38	0.00	0.00	0.00	090
64862	A		Repair of low back nerves	19.44	NA	NA	12.38	20.65	1.26	NA	NA	33.08	41.35	0.00	0.00	0.00	090
64864	A		Repair of facial nerve	12.55	NA	NA	8.86	8.61	0.91	NA	NA	22.32	22.07	0.00	0.00	0.00	090
64865	A		Repair of facial nerve	15.24	NA	NA	10.37	12.64	1.17	NA	NA	26.78	29.05	0.00	0.00	0.00	090
64866	A		Fusion of facial/other nerve	15.74	NA	NA	10.67	11.77	1.44	NA	NA	27.85	28.95	0.00	0.00	0.00	090
64868	A		Fusion of facial/other nerve	14.04	NA	NA	9.40	11.46	1.15	NA	NA	24.59	26.65	0.00	0.00	0.00	090
64870	A		Fusion of facial/other nerve	15.99	NA	NA	9.61	13.73	1.33	NA	NA	26.93	31.05	0.00	0.00	0.00	090
64872	A		Subsequent repair of nerve	1.99	NA	NA	1.22	1.48	0.23	NA	NA	3.44	3.70	0.00	0.00	0.00	ZZZ
64874	A		Repair & revise nerve add-on	2.98	NA	NA	1.73	2.20	0.34	NA	NA	5.05	5.52	0.00	0.00	0.00	ZZZ
64876	A		Repair nerve; shorten bone	3.38	NA	NA	1.56	2.39	0.38	NA	NA	5.32	6.15	0.00	0.00	0.00	ZZZ
64885	A		Nerve graft, head or neck	17.53	NA	NA	11.98	13.32	1.16	NA	NA	30.67	32.01	0.00	0.00	0.00	090
64886	A		Nerve graft, head or neck	20.75	NA	NA	13.99	15.81	1.38	NA	NA	36.12	37.94	0.00	0.00	0.00	090
64890	A		Nerve graft, hand or foot	15.15	NA	NA	10.72	12.66	1.66	NA	NA	27.53	29.47	0.00	0.00	0.00	090
64891	A		Nerve graft, hand or foot	16.14	NA	NA	7.96	10.47	1.35	NA	NA	25.45	27.96	0.00	0.00	0.00	090
64892	A		Nerve graft, arm or leg	14.65	NA	NA	9.53	11.37	1.32	NA	NA	25.50	27.34	0.00	0.00	0.00	090
64893	A		Nerve graft, arm or leg	15.60	NA	NA	8.85	13.55	1.78	NA	NA	26.23	30.93	0.00	0.00	0.00	090
64895	A		Nerve graft, hand or foot	19.25	NA	NA	11.23	13.52	1.99	NA	NA	32.47	34.76	0.00	0.00	0.00	090
64896	A		Nerve graft, hand or foot	20.49	NA	NA	13.14	17.55	1.49	NA	NA	35.12	39.53	0.00	0.00	0.00	090
64897	A		Nerve graft, arm or leg	18.24	NA	NA	11.58	13.18	1.93	NA	NA	31.75	33.35	0.00	0.00	0.00	090
64898	A		Nerve graft, arm or leg	19.50	NA	NA	13.38	15.07	1.84	NA	NA	34.72	36.41	0.00	0.00	0.00	090
64901	A		Nerve graft add-on	10.22	NA	NA	6.12	9.80	0.68	NA	NA	17.02	20.70	0.00	0.00	0.00	ZZZ
64902	A		Nerve graft add-on	11.83	NA	NA	7.54	11.59	0.77	NA	NA	20.14	24.19	0.00	0.00	0.00	ZZZ
64905	A		Nerve pedicle transfer	14.02	NA	NA	7.99	9.65	0.55	NA	NA	22.56	24.22	0.00	0.00	0.00	090
64907	A		Nerve pedicle transfer	18.83	NA	NA	11.95	13.59	1.99	NA	NA	32.77	34.41	0.00	0.00	0.00	090
64999	C		Nervous system surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
65091	A		Revise eye	6.46	NA	NA	8.81	7.99	0.35	NA	NA	15.62	14.80	0.00	0.00	0.00	090
65093	A		Revise eye with implant	6.87	NA	NA	9.70	8.58	0.41	NA	NA	16.98	15.86	0.00	0.00	0.00	090

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitioned		Transitioned		Transitioned		Transitioned		Global
					practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Mal- practice RVUs	Non- facility Total	Non- facility Total	Facility Total	Facility Total		
65101	A		Removal of eye	7.03	NA	NA	9.81	8.75	0.37	NA	NA	NA	17.21	16.15	090
65103	A		Remove eye/insert implant	7.57	NA	NA	10.02	9.29	0.39	NA	NA	NA	17.98	17.25	090
65105	A		Remove eye/attach implant	8.49	NA	NA	10.77	10.30	0.43	NA	NA	NA	19.69	19.22	090
65110	A		Removal of eye	13.95	NA	NA	14.00	16.00	0.89	NA	NA	NA	28.84	30.84	090
65112	A		Remove eye, revise socket	16.38	NA	NA	16.60	14.05	0.85	NA	NA	NA	33.83	31.28	090
65114	A		Remove eye, revise socket	17.53	NA	NA	16.53	14.77	1.29	NA	NA	NA	35.35	33.59	090
65125	A		Revise ocular implant	3.12	4.11	3.04	1.57	2.40	0.10	7.33	6.26	6.26	4.79	5.62	090
65130	A		Insert ocular implant	7.15	NA	NA	9.42	8.76	0.39	NA	NA	NA	16.96	16.30	090
65135	A		Insert ocular implant	7.33	NA	NA	9.64	6.82	0.27	NA	NA	NA	17.24	14.42	090
65140	A		Attach ocular implant	8.02	NA	NA	9.87	7.53	0.26	NA	NA	NA	18.15	15.81	090
65150	A		Revise ocular implant	6.26	NA	NA	8.87	7.83	0.44	NA	NA	NA	15.57	14.53	090
65155	A		Reinsert ocular implant	8.66	NA	NA	10.55	10.39	0.70	NA	NA	NA	19.91	19.75	090
65175	A		Removal of ocular implant	6.28	NA	NA	8.72	7.81	0.31	NA	NA	NA	15.31	14.40	090
65205	A		Remove foreign body from eye	0.71	3.70	1.23	0.29	0.22	0.02	4.43	1.96	1.96	1.02	0.95	000
65210	A		Remove foreign body from eye	0.84	3.65	1.29	0.29	0.26	0.02	4.51	2.15	2.15	1.15	1.12	000
65220	A		Remove foreign body from eye	0.71	5.70	1.85	0.27	0.28	0.03	6.44	2.59	2.59	1.01	1.02	000
65222	A		Remove foreign body from eye	0.93	3.64	1.38	0.28	0.30	0.02	4.59	2.33	2.33	1.23	1.25	000
65235	A		Remove foreign body from eye	7.57	NA	NA	7.11	6.35	0.23	NA	NA	NA	14.91	14.15	090
65260	A		Remove foreign body from eye	10.96	NA	NA	11.67	9.95	0.35	NA	NA	NA	22.98	21.26	090
65265	A		Remove foreign body from eye	12.59	NA	NA	13.22	11.48	0.40	NA	NA	NA	26.21	24.47	090
65270	A		Repair of eye wound	1.90	3.06	1.72	2.38	1.55	0.05	5.01	3.67	3.67	4.33	3.50	010
65272	A		Repair of eye wound	3.82	4.34	2.42	4.17	2.38	0.08	8.24	6.32	6.32	8.07	6.28	090
65273	A		Repair of eye wound	4.36	NA	NA	4.39	3.72	0.16	NA	NA	NA	8.91	8.24	090
65275	A		Repair of eye wound	5.34	4.51	1.67	4.69	1.71	0.03	9.88	7.04	7.04	10.06	7.08	090
65280	A		Repair of eye wound	7.66	NA	NA	8.22	8.92	0.38	NA	NA	NA	16.26	16.96	090
65285	A		Repair of eye wound	12.90	NA	NA	14.26	13.55	0.50	NA	NA	NA	27.66	26.95	090
65286	A		Repair of eye wound	5.51	6.82	5.61	6.46	3.57	0.20	12.53	11.32	11.32	12.17	9.28	090
65290	A		Repair of eye socket wound	5.41	NA	NA	6.82	6.55	0.29	NA	NA	NA	12.52	12.25	090
65400	A		Removal of eye lesion	6.06	7.66	7.17	7.19	7.06	0.27	13.99	13.50	13.50	13.52	13.39	090
65410	A		Biopsy of cornea	1.47	1.54	1.68	1.18	1.59	0.09	3.10	3.24	3.24	2.74	3.15	000
65420	A		Removal of eye lesion	4.17	6.04	4.99	5.77	4.92	0.18	10.39	9.34	9.34	10.12	9.27	090
65426	A		Removal of eye lesion	5.25	7.12	6.48	6.77	6.40	0.30	12.67	12.03	12.03	12.32	11.95	090
65430	A		Corneal smear	1.47	4.09	1.47	0.96	0.47	0.02	5.58	2.96	2.96	2.45	1.96	000
65435	A		Curette/treat cornea	0.92	1.19	0.93	0.43	0.42	0.03	2.14	1.88	1.88	1.38	1.37	000
65436	A		Curette/treat cornea	4.19	4.60	2.40	4.29	1.70	0.06	8.85	6.65	6.65	8.54	5.95	090
65450	A		Treatment of corneal lesion	3.27	5.68	4.09	5.33	4.00	0.13	9.08	7.49	7.49	8.73	7.40	090
65600	A		Revision of cornea	3.40	4.17	3.17	1.42	1.42	0.11	7.68	6.68	6.68	4.93	4.93	090
65710	A		Corneal transplant	12.35	NA	NA	13.68	13.55	0.88	NA	NA	NA	26.91	26.78	090
65730	A		Corneal transplant	14.25	NA	NA	14.34	15.91	1.01	NA	NA	NA	29.60	31.17	090
65750	A		Corneal transplant	15.00	NA	NA	14.91	16.83	1.04	NA	NA	NA	30.95	32.87	090

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CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitioned		Facility		Mal- practice RVUs		Transitioned		Facility		Transitioned		Global
					practice expense RVUs	RVUs	Non-facility practice expense RVUs	RVUs	practice expense RVUs	RVUs	RVUs	RVUs	Non-facility practice expense RVUs	RVUs	practice expense RVUs	RVUs	Non-facility practice expense RVUs	RVUs	
65755	A		Corneal transplant	14.89	NA	NA	NA	14.88	16.77	1.09	NA	NA	NA	NA	30.66	32.75	NA	NA	090
65760	N		Revision of cornea	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65765	N		Revision of cornea	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65767	N		Corneal tissue transplant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65770	A		Revise cornea with implant	17.56	NA	NA	NA	16.57	15.39	0.56	NA	NA	NA	NA	34.69	33.51	NA	NA	090
65771	N		Radial keratotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65772	A		Correction of astigmatism	4.29	5.42	NA	5.20	5.11	3.20	0.24	0.39	NA	NA	9.73	9.64	7.73	NA	NA	090
65775	A		Correction of astigmatism	5.79	NA	NA	NA	8.14	7.22	0.39	0.08	NA	NA	3.89	14.32	13.40	NA	NA	090
65800	A		Drainage of eye	1.91	1.99	1.90	1.97	1.69	1.83	0.08	0.39	NA	NA	3.98	3.68	3.82	NA	NA	000
65805	A		Drainage of eye	1.91	2.00	1.97	1.97	1.69	1.16	0.08	0.39	NA	NA	3.99	3.68	3.15	NA	NA	000
65810	A		Drainage of eye	4.87	NA	NA	5.39	6.89	6.09	0.23	0.19	NA	NA	11.99	11.99	11.19	NA	NA	090
65815	A		Drainage of eye	5.05	6.96	NA	NA	6.58	5.30	0.19	0.19	NA	NA	10.63	11.82	10.54	NA	NA	090
65820	A		Relieve inner eye pressure	8.13	NA	NA	NA	9.06	10.03	0.40	0.40	NA	NA	NA	17.59	18.56	NA	NA	090
65850	A		Incision of eye	10.52	NA	NA	NA	10.14	11.96	0.54	0.54	NA	NA	NA	21.20	23.02	NA	NA	090
65855	A		Laser surgery of eye	4.30	4.67	6.06	6.06	3.82	3.40	0.41	0.41	NA	NA	9.38	8.53	8.11	NA	NA	090
65860	A		Incise inner eye adhesions	3.55	3.56	4.07	4.07	2.82	2.30	0.29	0.29	NA	NA	7.40	6.66	6.14	NA	NA	090
65865	A		Incise inner eye adhesions	5.60	NA	NA	NA	6.84	6.73	0.32	0.32	NA	NA	NA	12.76	12.65	NA	NA	090
65870	A		Incise inner eye adhesions	6.27	NA	NA	NA	7.17	6.56	0.24	0.24	NA	NA	NA	13.68	13.07	NA	NA	090
65875	A		Incise inner eye adhesions	6.54	NA	NA	NA	7.30	6.94	0.27	0.27	NA	NA	NA	14.11	13.75	NA	NA	090
65880	A		Incise inner eye adhesions	7.09	NA	NA	NA	7.64	7.48	0.29	0.29	NA	NA	NA	15.02	14.86	NA	NA	090
65900	A		Remove eye lesion	10.93	NA	NA	NA	12.69	9.61	0.72	0.72	NA	NA	NA	24.34	21.26	NA	NA	090
65920	A		Remove implant from eye	8.40	NA	NA	NA	8.41	8.91	0.34	0.34	NA	NA	NA	17.15	17.65	NA	NA	090
65930	A		Remove blood clot from eye	7.44	NA	NA	NA	8.59	8.40	0.32	0.32	NA	NA	NA	16.35	16.16	NA	NA	090
66020	A		Injection treatment of eye	1.59	2.04	1.94	1.94	1.74	1.86	0.11	0.11	NA	NA	3.74	3.44	3.56	NA	NA	010
66030	A		Injection treatment of eye	1.25	1.85	0.91	0.91	1.54	0.61	0.02	0.02	NA	NA	3.12	2.81	1.88	NA	NA	010
66130	A		Remove eye lesion	7.69	6.34	5.88	5.88	6.01	5.80	0.22	0.22	NA	NA	14.25	13.79	13.71	NA	NA	090
66150	A		Glaucoma surgery	8.30	NA	NA	NA	9.18	9.73	0.46	0.46	NA	NA	NA	17.94	18.49	NA	NA	090
66155	A		Glaucoma surgery	8.29	NA	NA	NA	9.06	9.69	0.39	0.39	NA	NA	NA	17.74	18.37	NA	NA	090
66160	A		Glaucoma surgery	10.17	NA	NA	NA	10.01	11.27	0.43	0.43	NA	NA	NA	20.61	21.87	NA	NA	090
66165	A		Glaucoma surgery	8.01	NA	NA	NA	9.01	9.42	0.45	0.45	NA	NA	NA	17.47	17.88	NA	NA	090
66170	A		Glaucoma surgery	12.16	10.71	12.57	12.57	11.10	12.67	0.49	0.49	NA	NA	23.36	23.75	25.32	NA	NA	090
66172	A		Incision of eye	15.04	NA	NA	NA	12.62	13.05	0.49	0.49	NA	NA	NA	28.15	28.58	NA	NA	090
66180	A		Implant eye shunt	14.55	NA	NA	NA	12.79	16.23	0.81	0.81	NA	NA	NA	28.15	31.59	NA	NA	090
66185	A		Revise eye shunt	8.14	NA	NA	NA	9.15	9.57	0.45	0.45	NA	NA	NA	17.74	18.16	NA	NA	090
66220	A		Repair eye lesion	7.77	NA	NA	NA	9.49	7.22	0.27	0.27	NA	NA	NA	17.53	15.26	NA	NA	090
66225	A		Repair/graft eye lesion	11.05	NA	NA	NA	10.37	12.49	0.67	0.67	NA	NA	NA	22.09	24.21	NA	NA	090
66250	A		Follow-up surgery of eye	5.98	7.64	7.27	7.27	7.14	7.14	0.30	0.30	NA	NA	13.92	13.42	13.42	NA	NA	090
66500	A		Incision of iris	3.71	NA	NA	NA	4.08	4.34	0.21	0.21	NA	NA	NA	8.00	8.26	NA	NA	090
66505	A		Incision of iris	4.08	NA	NA	NA	4.16	3.70	0.13	0.13	NA	NA	NA	8.37	7.91	NA	NA	090
66600	A		Remove iris and lesion	8.68	NA	NA	NA	8.78	9.82	0.40	0.40	NA	NA	NA	17.86	18.90	NA	NA	090

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CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility			Transitioned Facility			Transitioned Non-facility			Facility			Transitioned Facility			Global
					practice RVUs	expense RVUs	Mal- practice RVUs	practice RVUs	expense RVUs	Mal- practice RVUs	practice RVUs	expense RVUs	Mal- practice RVUs	practice RVUs	expense RVUs	Mal- practice RVUs	practice RVUs	expense RVUs	Mal- practice RVUs	
66605	A		Removal of iris	12.79	NA	NA	0.52	13.07	13.64	0.52	NA	NA	NA	26.95	26.38	0.00	NA	NA	0.00	090
66625	A		Removal of iris	5.13	6.95	6.33	0.38	6.25	6.62	0.38	NA	NA	12.46	12.13	11.76	0.00	NA	NA	0.00	090
66630	A		Removal of iris	6.16	NA	NA	0.35	7.41	7.54	0.35	NA	NA	NA	14.05	13.92	0.00	NA	NA	0.00	090
66635	A		Removal of iris	6.25	NA	NA	0.38	7.40	7.20	0.38	NA	NA	NA	13.83	14.03	0.00	NA	NA	0.00	090
66680	A		Repair iris & ciliary body	5.44	NA	NA	0.27	6.59	6.87	0.27	NA	NA	NA	12.58	12.30	0.00	NA	NA	0.00	090
66682	A		Repair iris & ciliary body	6.21	NA	NA	0.30	7.46	7.59	0.30	NA	NA	NA	14.10	13.97	0.00	NA	NA	0.00	090
66700	A		Destruction, ciliary body	4.78	6.76	5.97	0.27	5.81	6.09	0.27	NA	NA	11.81	11.14	10.86	0.00	NA	NA	0.00	090
66710	A		Destruction, ciliary body	4.78	6.64	5.94	0.32	5.80	6.08	0.32	NA	NA	11.74	11.18	10.90	0.00	NA	NA	0.00	090
66720	A		Destruction, ciliary body	4.78	6.35	5.87	0.30	5.79	6.03	0.30	NA	NA	11.43	11.11	10.87	0.00	NA	NA	0.00	090
66740	A		Destruction, ciliary body	4.78	NA	NA	0.31	5.94	6.61	0.31	NA	NA	NA	11.70	11.03	0.00	NA	NA	0.00	090
66761	A		Revision of iris	4.07	3.80	4.60	0.37	2.59	3.07	0.37	NA	NA	8.24	7.51	7.03	0.00	NA	NA	0.00	090
66762	A		Revision of iris	4.58	4.05	5.12	0.43	2.88	3.30	0.43	NA	NA	9.06	8.31	7.89	0.00	NA	NA	0.00	090
66770	A		Removal of inner eye lesion	5.18	4.29	5.72	0.35	3.22	3.57	0.35	NA	NA	9.82	9.10	8.75	0.00	NA	NA	0.00	090
66820	A		Incision, secondary cataract	3.89	NA	NA	0.23	5.08	6.38	0.23	NA	NA	NA	10.50	9.20	0.00	NA	NA	0.00	090
66821	A		After cataract laser surgery	2.35	2.87	2.83	0.29	2.76	2.59	0.29	NA	NA	5.51	5.23	5.40	0.00	NA	NA	0.00	090
66825	A		Reposition intraocular lens	8.23	NA	NA	0.30	8.10	8.56	0.30	NA	NA	NA	17.09	16.63	0.00	NA	NA	0.00	090
66830	A		Removal of lens lesion	8.20	8.77	8.43	0.31	8.50	9.02	0.31	NA	NA	17.28	17.53	17.01	0.00	NA	NA	0.00	090
66840	A		Removal of lens material	7.91	NA	NA	0.42	9.09	8.03	0.42	NA	NA	NA	16.36	17.42	0.00	NA	NA	0.00	090
66850	A		Removal of lens material	9.11	NA	NA	0.55	10.28	8.51	0.55	NA	NA	NA	18.17	19.94	0.00	NA	NA	0.00	090
66852	A		Removal of lens material	9.97	NA	NA	0.70	11.20	9.07	0.70	NA	NA	NA	19.74	21.87	0.00	NA	NA	0.00	090
66920	A		Extraction of lens	8.86	NA	NA	0.47	10.04	8.41	0.47	NA	NA	NA	17.74	19.37	0.00	NA	NA	0.00	090
66930	A		Extraction of lens	10.18	NA	NA	0.45	10.80	9.06	0.45	NA	NA	NA	19.69	21.43	0.00	NA	NA	0.00	090
66940	A		Extraction of lens	8.93	NA	NA	0.49	10.10	8.43	0.49	NA	NA	NA	17.85	19.52	0.00	NA	NA	0.00	090
66983	A		Remove cataract, insert lens	8.99	NA	NA	0.74	9.47	5.67	0.74	NA	NA	NA	15.40	19.20	0.00	NA	NA	0.00	090
66984	A		Remove cataract, insert lens	10.28	NA	NA	0.74	11.23	8.09	0.74	NA	NA	NA	19.11	22.25	0.00	NA	NA	0.00	090
66985	A		Insert lens prosthesis	8.39	NA	NA	0.49	9.27	7.03	0.49	NA	NA	NA	15.91	18.15	0.00	NA	NA	0.00	090
66986	A		Exchange lens prosthesis	12.28	NA	NA	0.49	12.47	10.16	0.49	NA	NA	NA	22.93	25.24	0.00	NA	NA	0.00	090
66999	C		Eye surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67005	A		Partial removal of eye fluid	5.70	NA	NA	0.88	5.86	3.05	0.88	NA	NA	NA	9.63	12.44	0.00	NA	NA	0.00	090
67010	A		Partial removal of eye fluid	6.87	NA	NA	0.81	7.14	3.94	0.81	NA	NA	NA	11.62	14.82	0.00	NA	NA	0.00	090
67015	A		Release of eye fluid	6.92	NA	NA	0.27	7.16	7.63	0.27	NA	NA	NA	14.82	14.35	0.00	NA	NA	0.00	090
67025	A		Replace eye fluid	6.84	11.53	8.38	0.28	7.25	7.02	0.28	NA	NA	18.65	14.14	14.37	0.00	NA	NA	0.00	090
67027	A		Implant eye drug system	10.85	12.98	10.60	0.37	8.96	6.40	0.37	NA	NA	24.20	17.62	20.18	0.00	NA	NA	0.00	090
67028	A		Injection eye drug	2.52	5.78	4.06	0.14	2.65	1.56	0.14	NA	NA	8.44	4.22	5.31	0.00	NA	NA	0.00	090
67030	A		Incise inner eye strands	4.84	NA	NA	0.39	5.87	6.18	0.39	NA	NA	NA	11.41	11.10	0.00	NA	NA	0.00	090
67031	A		Laser surgery, eye strands	3.67	3.63	4.19	0.59	2.36	2.87	0.59	NA	NA	7.89	7.13	6.62	0.00	NA	NA	0.00	090
67036	A		Removal of inner eye fluid	11.89	NA	NA	1.17	13.04	9.57	1.17	NA	NA	NA	22.63	26.10	0.00	NA	NA	0.00	090
67038	A		Strip retinal membrane	21.24	NA	NA	1.41	23.25	16.94	1.41	NA	NA	NA	39.59	45.90	0.00	NA	NA	0.00	090
67039	A		Laser treatment of retina	14.52	NA	NA	1.31	16.06	12.23	1.31	NA	NA	NA	28.06	31.89	0.00	NA	NA	0.00	090
67040	A		Laser treatment of retina	17.23	NA	NA	1.37	18.97	14.16	1.37	NA	NA	NA	32.76	37.57	0.00	NA	NA	0.00	090

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Mal- practice RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs		Total	Non- facility	Total	Non- facility	Total		
67101	A		Repair, detached retina	7.53	9.44	8.89	9.10	8.89	5.60	0.52	17.49	17.15	16.94	13.65	090			
67105	A		Repair, detached retina	7.41	7.12	5.37	9.22	5.37	5.06	0.63	15.16	17.26	13.41	13.10	090			
67107	A		Repair detached retina	14.84	NA	13.42	NA	13.42	16.64	0.86	NA	NA	29.12	32.34	090			
67108	A		Repair detached retina	20.82	NA	18.21	NA	18.21	23.19	1.38	NA	NA	40.41	45.39	090			
67110	A		Repair detached retina	8.81	14.64	10.14	11.55	10.14	10.43	0.76	24.21	21.12	19.71	20.00	090			
67112	A		Re-repair detached retina	16.86	NA	15.58	NA	15.58	17.34	0.67	NA	NA	33.11	34.87	090			
67115	A		Release, encircling material	4.99	NA	6.15	NA	6.15	6.01	0.34	NA	NA	11.34	11.34	090			
67120	A		Remove eye implant material	5.98	11.00	6.62	8.11	6.62	7.01	0.30	17.28	14.39	12.90	13.29	090			
67121	A		Remove eye implant material	10.67	NA	11.62	NA	11.62	10.57	0.38	NA	NA	22.67	21.62	090			
67141	A		Treatment of retina	5.20	6.68	6.34	6.33	6.34	3.92	0.38	12.26	11.91	11.92	9.50	090			
67145	A		Treatment of retina	5.37	4.95	4.00	6.53	4.00	3.65	0.38	10.70	12.28	9.75	9.40	090			
67208	A		Treatment of retinal lesion	6.70	7.17	6.81	7.79	6.81	4.70	0.41	14.28	14.90	13.92	11.81	090			
67210	A		Treatment of retinal lesion	8.82	7.03	5.69	9.10	5.69	5.10	0.37	16.22	18.29	14.88	14.29	090			
67218	A		Treatment of retinal lesion	13.52	NA	13.49	NA	13.49	14.20	0.55	NA	NA	27.56	28.27	090			
67220	A		Treat choroid lesion	13.13	6.61	6.54	6.61	6.54	6.54	0.37	20.11	20.11	20.04	20.04	090			
67227	A		Treatment of retinal lesion	6.58	7.44	7.01	7.76	7.01	7.65	0.40	14.42	14.74	13.99	14.63	090			
67228	A		Treatment of retinal lesion	12.74	9.58	7.39	10.04	7.39	5.67	0.38	22.70	23.16	20.51	18.79	090			
67250	A		Reinforce eye wall	8.66	NA	10.20	NA	10.20	8.24	0.31	NA	NA	19.17	17.21	090			
67255	A		Reinforce/graft eye wall	8.90	NA	10.20	NA	10.20	10.52	0.68	NA	NA	19.78	20.10	090			
67299	C		Eye surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY			
67311	A		Revise eye muscle	6.65	NA	7.05	NA	7.05	7.72	0.37	NA	NA	14.07	14.74	090			
67312	A		Revise two eye muscles	8.54	NA	8.22	NA	8.22	9.70	0.41	NA	NA	17.17	18.65	090			
67314	A		Revise eye muscle	7.52	NA	7.48	NA	7.48	8.61	0.45	NA	NA	15.45	16.58	090			
67316	A		Revise two eye muscles	9.66	NA	8.69	NA	8.69	10.54	0.52	NA	NA	18.87	20.72	090			
67318	A		Revise eye muscle(s)	7.85	NA	7.97	NA	7.97	7.05	0.26	NA	NA	16.08	15.16	090			
67320	A		Revise eye muscle(s) add-on	4.33	NA	7.49	NA	7.49	9.63	0.28	NA	NA	12.10	14.24	ZZZ			
67331	A		Eye surgery follow-up add-on	4.06	NA	5.90	NA	5.90	8.74	0.22	NA	NA	10.18	13.02	ZZZ			
67332	A		Revise eye muscles add-on	4.49	NA	6.95	NA	6.95	9.79	0.24	NA	NA	11.68	14.52	ZZZ			
67334	A		Revise eye muscle w/suture	3.98	NA	6.07	NA	6.07	6.65	0.13	NA	NA	10.18	10.76	ZZZ			
67335	A		Eye suture during surgery	2.49	NA	3.39	NA	3.39	3.08	0.34	NA	NA	6.22	5.91	ZZZ			
67340	A		Revise eye muscle add-on	4.93	NA	7.64	NA	7.64	8.32	0.16	NA	NA	12.73	13.41	ZZZ			
67343	A		Release eye tissue	7.35	NA	7.84	NA	7.84	6.71	0.24	NA	NA	15.43	14.30	090			
67345	A		Destroy nerve of eye muscle	2.96	3.36	1.44	2.65	1.44	1.27	0.20	6.52	5.81	4.60	4.43	010			
67350	A		Biopsy eye muscle	2.87	NA	3.31	NA	3.31	2.77	0.10	NA	NA	6.28	5.74	000			
67399	C		Eye muscle surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY			
67400	A		Explore/biopsy eye socket	9.76	NA	11.16	NA	11.16	11.54	0.49	NA	NA	21.41	21.79	090			
67405	A		Explore/drain eye socket	7.93	NA	10.58	NA	10.58	9.74	0.52	NA	NA	19.03	18.19	090			
67412	A		Explore/treat eye socket	9.50	NA	13.22	NA	13.22	11.81	0.52	NA	NA	23.24	21.83	090			
67413	A		Explore/treat eye socket	10.00	NA	11.78	NA	11.78	9.53	0.45	NA	NA	22.23	19.98	090			
67414	A		Explore/decompress eye socke	11.13	NA	14.33	NA	14.33	10.42	0.34	NA	NA	25.80	21.89	090			

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility			Transitional			Facility			Mal-practice			Non-facility			Transitional			Facility			Total			Global
					practice RVUs	expense RVUs	Non-facility RVUs	practice RVUs	expense RVUs	Facility RVUs	practice RVUs	expense RVUs	Facility RVUs	practice RVUs	expense RVUs	Facility RVUs	practice RVUs	expense RVUs	Facility RVUs	practice RVUs	expense RVUs	Facility RVUs	practice RVUs	expense RVUs	Facility RVUs	practice RVUs	expense RVUs	Total	
67415	A		Aspiration orbital contents	1.76	NA	NA	NA	1.48	1.95	1.95	1.48	1.95	1.95	0.09	0.09	0.09	NA	NA	NA	NA	NA	NA	3.33	3.80	3.80	3.33	3.80	3.80	000
67420	A		Explore/treat eye socket	20.06	NA	NA	NA	19.32	18.49	18.49	19.32	18.49	18.49	0.87	0.87	0.87	NA	NA	NA	NA	NA	NA	40.25	39.42	39.42	40.25	39.42	39.42	090
67430	A		Explore/treat eye socket	13.39	NA	NA	NA	14.75	12.36	12.36	14.75	12.36	12.36	0.42	0.42	0.42	NA	NA	NA	NA	NA	NA	28.56	26.17	26.17	28.56	26.17	26.17	090
67440	A		Explore/drain eye socket	13.09	NA	NA	NA	14.78	15.42	15.42	14.78	15.42	15.42	0.76	0.76	0.76	NA	NA	NA	NA	NA	NA	28.63	29.27	29.27	28.63	29.27	29.27	090
67445	A		Explore/decompress eye socket	14.42	NA	NA	NA	15.95	13.05	13.05	15.95	13.05	13.05	0.45	0.45	0.45	NA	NA	NA	NA	NA	NA	30.82	27.92	27.92	30.82	27.92	27.92	090
67450	A		Explore/biopsy eye socket	13.51	NA	NA	NA	15.43	15.96	15.96	15.43	15.96	15.96	0.68	0.68	0.68	NA	NA	NA	NA	NA	NA	29.62	30.15	30.15	29.62	30.15	30.15	090
67500	A		Inject/treat eye socket	0.79	13.67	4.01	4.01	0.96	0.83	0.83	0.96	0.83	0.83	0.05	0.05	0.05	14.51	4.85	4.85	14.51	4.85	4.85	1.80	1.67	1.67	1.80	1.67	1.67	000
67505	A		Inject/treat eye socket	0.82	3.70	1.77	1.77	0.35	0.46	0.46	0.35	0.46	0.46	0.05	0.05	0.05	4.57	2.64	2.64	4.57	2.64	2.64	1.22	1.33	1.33	1.22	1.33	1.33	000
67515	A		Inject/treat eye socket	0.61	3.54	1.34	1.34	0.55	0.37	0.37	0.55	0.37	0.37	0.02	0.02	0.02	4.17	1.97	1.97	4.17	1.97	1.97	1.18	1.00	1.00	1.18	1.00	1.00	000
67550	A		Insert eye socket implant	10.19	NA	NA	NA	11.15	10.62	10.62	11.15	10.62	10.62	0.55	0.55	0.55	NA	NA	NA	NA	NA	NA	21.89	21.36	21.36	21.89	21.36	21.36	090
67560	A		Revise eye socket implant	10.60	NA	NA	NA	10.98	9.50	9.50	10.98	9.50	9.50	0.38	0.38	0.38	NA	NA	NA	NA	NA	NA	21.96	20.48	20.48	21.96	20.48	20.48	090
67570	A		Decompress optic nerve	13.58	NA	NA	NA	15.30	9.98	9.98	15.30	9.98	9.98	0.31	0.31	0.31	NA	NA	NA	NA	NA	NA	29.19	23.87	23.87	29.19	23.87	23.87	090
67599	C		Orbit surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67700	A		Drainage of eyelid abscess	1.35	5.00	1.65	1.65	0.60	0.35	0.35	0.60	0.35	0.35	0.02	0.02	0.02	6.37	3.02	3.02	6.37	3.02	3.02	1.97	1.72	1.72	1.97	1.72	1.72	010
67710	A		Incision of eyelid	1.02	5.03	2.08	2.08	1.70	0.84	0.84	1.70	0.84	0.84	0.05	0.05	0.05	6.10	3.15	3.15	6.10	3.15	3.15	2.77	1.91	1.91	2.77	1.91	1.91	010
67715	A		Incision of eyelid fold	1.22	NA	NA	NA	1.85	1.55	1.55	1.85	1.55	1.55	0.07	0.07	0.07	NA	NA	NA	NA	NA	NA	3.14	2.84	2.84	3.14	2.84	2.84	010
67800	A		Remove eyelid lesion	1.38	5.12	2.05	2.05	0.69	0.56	0.56	0.69	0.56	0.56	0.04	0.04	0.04	6.54	3.47	3.47	6.54	3.47	3.47	2.11	1.98	1.98	2.11	1.98	1.98	010
67801	A		Remove eyelid lesions	1.88	3.15	1.92	1.92	2.38	1.17	1.17	2.38	1.17	1.17	0.06	0.06	0.06	5.09	3.86	3.86	5.09	3.86	3.86	4.32	3.11	3.11	4.32	3.11	3.11	010
67805	A		Remove eyelid lesions	2.22	7.03	2.88	2.88	2.69	1.24	1.24	2.69	1.24	1.24	0.06	0.06	0.06	9.31	5.16	5.16	9.31	5.16	5.16	4.97	3.52	3.52	4.97	3.52	3.52	010
67808	A		Remove eyelid lesion(s)	3.80	NA	NA	NA	4.21	2.79	2.79	4.21	2.79	2.79	0.10	0.10	0.10	NA	NA	NA	NA	NA	NA	8.11	6.69	6.69	8.11	6.69	6.69	090
67810	A		Biopsy of eyelid	1.48	4.57	1.80	1.80	0.73	0.51	0.51	0.73	0.51	0.51	0.04	0.04	0.04	6.09	3.32	3.32	6.09	3.32	3.32	2.25	2.03	2.03	2.25	2.03	2.03	000
67820	A		Revise eyelashes	0.89	3.73	1.24	1.24	0.40	0.26	0.26	0.40	0.26	0.26	0.02	0.02	0.02	4.64	2.15	2.15	4.64	2.15	2.15	1.31	1.17	1.17	1.31	1.17	1.17	000
67825	A		Revise eyelashes	1.38	4.98	1.98	1.98	1.85	0.83	0.83	1.85	0.83	0.83	0.04	0.04	0.04	6.40	3.40	3.40	6.40	3.40	3.40	3.27	2.25	2.25	3.27	2.25	2.25	010
67830	A		Revise eyelashes	1.70	5.96	3.22	3.22	2.24	2.08	2.08	2.24	2.08	2.08	0.13	0.13	0.13	7.79	5.05	5.05	7.79	5.05	5.05	4.07	3.91	3.91	4.07	3.91	3.91	010
67835	A		Revise eyelashes	5.56	NA	NA	NA	5.06	6.25	6.25	5.06	6.25	6.25	0.35	0.35	0.35	NA	NA	NA	NA	NA	NA	10.97	12.16	12.16	10.97	12.16	12.16	090
67840	A		Remove eyelid lesion	2.04	6.66	2.66	2.66	2.99	1.24	1.24	2.99	1.24	1.24	0.05	0.05	0.05	8.75	4.75	4.75	8.75	4.75	4.75	5.08	3.33	3.33	5.08	3.33	3.33	010
67850	A		Treat eyelid lesion	1.69	5.43	2.03	2.03	2.20	0.89	0.89	2.20	0.89	0.89	0.04	0.04	0.04	7.16	3.76	3.76	7.16	3.76	3.76	3.93	2.62	2.62	3.93	2.62	2.62	010
67875	A		Closure of eyelid by suture	1.35	6.52	3.03	3.03	2.76	1.91	1.91	2.76	1.91	1.91	0.10	0.10	0.10	7.97	4.48	4.48	7.97	4.48	4.48	4.21	3.36	3.36	4.21	3.36	3.36	000
67880	A		Revision of eyelid	3.80	7.72	5.14	5.14	3.89	4.18	4.18	3.89	4.18	4.18	0.18	0.18	0.18	11.70	9.12	9.12	11.70	9.12	9.12	7.87	8.16	8.16	7.87	8.16	8.16	090
67882	A		Revision of eyelid	5.07	9.38	6.89	6.89	4.82	5.75	5.75	4.82	5.75	5.75	0.29	0.29	0.29	14.74	12.25	12.25	14.74	12.25	12.25	10.18	11.11	11.11	10.18	11.11	11.11	090
67900	A		Repair brow defect	6.14	8.75	5.26	5.26	6.98	4.82	4.82	6.98	4.82	4.82	0.16	0.16	0.16	15.05	11.56	11.56	15.05	11.56	11.56	13.28	11.12	11.12	13.28	11.12	11.12	090
67901	A		Repair eyelid defect	6.97	NA	NA	NA	7.24	8.05	8.05	7.24	8.05	8.05	0.50	0.50	0.50	NA	NA	NA	NA	NA	NA	14.71	15.52	15.52	14.71	15.52	15.52	090
67902	A		Repair eyelid defect	7.03	NA	NA	NA	7.49	8.17	8.17	7.49	8.17	8.17	0.56	0.56	0.56	NA	NA	NA	NA	NA	NA	15.08	15.76	15.76	15.08	15.76	15.76	090
67903	A		Repair eyelid defect	6.37	10.25	8.27	8.27	7.15	7.50	7.50	7.15	7.50	7.50	0.57	0.57	0.57	17.19	15.21	15.21	17.19	15.21	15.21	14.09	14.44	14.44	14.09	14.44	14.44	090
67904	A		Repair eyelid defect	6.26	11.03	8.37	8.37	8.11	7.64	7.64	8.11	7.64	7.64	0.56	0.56	0.56	17.85	15.19	15.19	17.85	15.19	15.19	14.93	14.46	14.46	14.93	14.46	14.46	090
67906	A		Repair eyelid defect	6.79	8.22	6.50	6.50	6.99	6.20	6.20	6.99	6.20	6.20	0.28	0.28	0.28	15.29	13.57	13.57	15.29	13.57	13.57	14.06	13.27	13.27	14.06	13.27	13.27	090
67908	A		Repair eyelid defect	5.13	7.74	6.53	6.53	6.47	6.21	6.21	6.47	6.21	6.21	0.42	0.42	0.42	13.29	12.08	12.08	13.29	12.08	12.08	12.02	11.76	11.76	12.02	11.76	11.76	090
67909	A		Revise eyelid defect	5.40	7.99	6.84	6.84	6.69	6.51	6.51	6.69	6.51	6.51	0.38	0.38	0.38	13.77	12.62	12.62	13.77	12.62	12.62	12.47	12.29	12.29	12.47	12.29	12.29	090
67911	A		Revise eyelid defect	5.27	NA	NA	NA	6.76	6.41	6.41	6.76	6.41	6.41	0.62	0.62	0.62	NA	NA	NA	NA	NA	NA	12.65	12.30	12.30	12.65	12.30	12.30	090
67914	A		Repair eyelid defect	3.68	8.07	5.32	5.32	4.18	4.35	4.35	4.18	4.35	4.35	0.31	0.31	0.31	12.06	9.31	9.31	12.06	9.31	9.31	8.17	8.34	8.34	8.17	8.34	8.34	090

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Non- facility		Transitioned Facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	Total	Total	Total	Total	
67915	A		Repair eyelid defect	3.18	6.31	2.60	1.60	0.91	0.05	0.05	9.54	5.83	4.83	4.14	0.90	0.90	0.90	0.90	0.90
67916	A		Repair eyelid defect	5.31	9.94	7.24	5.32	6.09	0.30	0.30	15.55	12.85	10.93	11.70	0.90	0.90	0.90	0.90	0.90
67917	A		Repair eyelid defect	6.02	8.50	7.51	7.12	7.17	0.37	0.37	14.89	13.90	13.51	13.56	0.90	0.90	0.90	0.90	0.90
67921	A		Repair eyelid defect	3.40	7.77	4.99	3.97	4.04	0.16	0.16	11.33	8.55	7.53	7.60	0.90	0.90	0.90	0.90	0.90
67922	A		Repair eyelid defect	3.06	6.29	2.54	3.09	1.26	0.05	0.05	6.20	5.65	6.20	4.37	0.90	0.90	0.90	0.90	0.90
67923	A		Repair eyelid defect	5.88	10.06	7.78	5.59	6.66	0.30	0.30	16.24	13.96	11.77	12.84	0.90	0.90	0.90	0.90	0.90
67924	A		Repair eyelid defect	5.79	8.06	7.20	6.63	6.84	0.34	0.34	14.19	13.33	12.76	12.97	0.90	0.90	0.90	0.90	0.90
67930	A		Repair eyelid wound	3.61	8.06	3.05	3.78	1.46	0.06	0.06	11.73	6.72	7.45	5.13	0.10	0.10	0.10	0.10	0.10
67935	A		Repair eyelid wound	6.22	10.08	5.60	5.47	4.45	0.19	0.19	16.49	12.01	11.88	10.86	0.90	0.90	0.90	0.90	0.90
67938	A		Remove eyelid foreign body	1.33	4.86	1.64	0.52	0.34	0.02	0.02	6.21	2.99	1.87	1.69	0.10	0.10	0.10	0.10	0.10
67950	A		Revision of eyelid	5.82	6.77	6.91	7.13	7.00	0.35	0.35	12.94	13.08	13.30	13.17	0.90	0.90	0.90	0.90	0.90
67961	A		Revision of eyelid	5.69	6.62	6.75	6.49	6.72	0.39	0.39	12.70	12.83	12.57	12.80	0.90	0.90	0.90	0.90	0.90
67966	A		Revision of eyelid	6.57	7.06	7.65	6.53	7.52	0.52	0.52	14.15	14.74	13.62	14.61	0.90	0.90	0.90	0.90	0.90
67971	A		Reconstruction of eyelid	9.79	NA	NA	8.79	10.89	0.50	0.50	NA	NA	19.08	21.18	0.90	0.90	0.90	0.90	0.90
67973	A		Reconstruction of eyelid	12.87	NA	NA	10.52	13.65	0.71	0.71	NA	NA	24.10	27.23	0.90	0.90	0.90	0.90	0.90
67974	A		Reconstruction of eyelid	12.84	NA	NA	10.27	14.02	0.68	0.68	NA	NA	23.79	27.54	0.90	0.90	0.90	0.90	0.90
67975	A		Reconstruction of eyelid	9.13	NA	NA	8.22	5.43	0.19	0.19	NA	NA	17.54	14.75	0.90	0.90	0.90	0.90	0.90
67999	C		Revision of eyelid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
68020	A		Incise/drain eyelid lining	1.37	5.01	1.67	0.67	0.38	0.02	0.02	6.40	3.06	2.06	1.77	0.10	0.10	0.10	0.10	0.10
68040	A		Treatment of eyelid lesions	0.85	4.02	1.37	0.40	0.29	0.02	0.02	4.89	2.24	1.27	1.16	0.00	0.00	0.00	0.00	0.00
68100	A		Biopsy of eyelid lining	1.35	4.69	1.98	1.05	0.67	0.05	0.05	6.09	3.38	2.45	2.07	0.00	0.00	0.00	0.00	0.00
68110	A		Remove eyelid lining lesion	1.77	5.33	2.35	2.06	1.03	0.05	0.05	7.15	4.17	3.88	2.85	0.10	0.10	0.10	0.10	0.10
68115	A		Remove eyelid lining lesion	2.36	6.30	3.14	2.56	2.21	0.09	0.09	8.75	5.59	5.01	4.66	0.10	0.10	0.10	0.10	0.10
68130	A		Remove eyelid lining lesion	4.93	NA	NA	5.90	4.81	0.17	0.17	NA	NA	11.00	9.91	0.90	0.90	0.90	0.90	0.90
68135	A		Remove eyelid lining lesion	1.84	5.32	1.93	2.09	0.82	0.03	0.03	7.19	3.80	3.96	2.69	0.10	0.10	0.10	0.10	0.10
68200	A		Treat eyelid by injection	0.49	3.49	1.29	0.49	0.33	0.02	0.02	4.00	1.80	1.00	0.84	0.00	0.00	0.00	0.00	0.00
68320	A		Revise/graft eyelid lining	5.37	4.82	6.01	5.90	6.28	0.33	0.33	10.52	11.71	11.60	11.98	0.90	0.90	0.90	0.90	0.90
68325	A		Revise/graft eyelid lining	7.36	NA	NA	6.89	8.32	0.49	0.49	NA	NA	14.74	16.17	0.90	0.90	0.90	0.90	0.90
68326	A		Revise/graft eyelid lining	7.15	NA	NA	6.85	8.12	0.38	0.38	NA	NA	14.38	15.65	0.90	0.90	0.90	0.90	0.90
68328	A		Revise/graft eyelid lining	8.18	NA	NA	7.32	9.16	0.64	0.64	NA	NA	16.14	17.98	0.90	0.90	0.90	0.90	0.90
68330	A		Revise eyelid lining	4.83	6.36	5.91	5.89	5.79	0.27	0.27	11.46	11.01	10.99	10.89	0.90	0.90	0.90	0.90	0.90
68335	A		Revise/graft eyelid lining	7.19	NA	NA	5.44	7.80	0.53	0.53	NA	NA	13.16	15.52	0.90	0.90	0.90	0.90	0.90
68340	A		Separate eyelid adhesions	4.17	8.81	4.76	4.36	3.65	0.13	0.13	13.11	9.06	8.66	7.95	0.90	0.90	0.90	0.90	0.90
68360	A		Revise eyelid lining	4.37	6.04	5.43	5.57	5.31	0.26	0.26	10.67	10.06	10.20	9.94	0.90	0.90	0.90	0.90	0.90
68362	A		Revise eyelid lining	7.34	NA	NA	7.89	8.49	0.33	0.33	NA	NA	15.56	16.16	0.90	0.90	0.90	0.90	0.90
68399	C		Eyelid lining surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
68400	A		Incise/drain tear gland	1.69	6.71	2.50	2.75	1.10	0.05	0.05	8.45	4.24	4.49	2.84	0.10	0.10	0.10	0.10	0.10
68420	A		Incise/drain tear sac	2.30	7.07	2.60	3.14	1.21	0.05	0.05	9.42	4.95	5.49	3.56	0.10	0.10	0.10	0.10	0.10
68440	A		Incise tear duct opening	0.94	4.95	1.85	1.64	0.72	0.03	0.03	5.92	2.82	2.61	1.69	0.10	0.10	0.10	0.10	0.10
68500	A		Removal of tear gland	11.02	NA	NA	9.74	8.63	0.59	0.59	NA	NA	21.35	20.24	0.90	0.90	0.90	0.90	0.90

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitioned		Facility		Transitioned		Mal-practice		Non-facility		Transitioned		Facility		Transitioned		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
69310	A		Rebuild outer ear canal	10.79	NA	NA	10.47	10.63	0.84	0.84	NA	NA	NA	22.10	22.26	090							
69320	A		Rebuild outer ear canal	16.96	NA	NA	14.47	15.54	1.30	1.30	NA	NA	NA	32.73	33.80	090							
69399	C		Outer ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY							
69400	A		Inflate middle ear canal	0.83	1.16	0.66	0.28	0.26	0.04	0.04	2.03	1.53	1.15	1.13	000								
69401	A		Inflate middle ear canal	0.63	1.05	0.47	0.37	0.20	0.02	0.02	1.70	1.12	1.02	0.85	000								
69405	A		Catheterize middle ear canal	2.63	2.51	1.02	1.55	0.58	0.03	0.03	5.17	3.68	4.21	3.24	010								
69410	A		Inset middle ear baffle	0.33	0.93	0.72	0.18	0.29	0.05	0.05	1.31	1.10	0.56	0.67	000								
69420	A		Incision of eardrum	1.33	1.75	1.00	0.72	0.47	0.06	0.06	3.14	2.39	2.11	1.86	010								
69421	A		Incision of eardrum	1.73	1.96	1.42	1.53	1.31	0.10	0.10	3.79	3.25	3.36	3.14	010								
69424	A		Remove ventilating tube	0.85	1.24	0.80	0.67	0.42	0.05	0.05	2.14	1.70	1.57	1.32	000								
69433	A		Create eardrum opening	1.52	1.80	1.53	0.87	0.76	0.12	0.12	3.44	3.17	2.51	2.40	010								
69436	A		Create eardrum opening	1.96	NA	NA	1.67	2.15	0.18	0.18	NA	NA	3.81	4.29	010								
69440	A		Exploration of middle ear	7.57	NA	NA	8.24	8.84	0.73	0.73	NA	NA	16.54	17.14	090								
69450	A		Eardrum revision	5.57	NA	NA	7.02	6.74	0.90	0.90	NA	NA	13.49	13.21	090								
69501	A		Mastoidectomy	9.07	NA	NA	8.98	10.37	0.92	0.92	NA	NA	18.97	20.36	090								
69502	A		Mastoidectomy	12.38	NA	NA	11.39	13.72	1.13	1.13	NA	NA	24.90	27.23	090								
69505	A		Remove mastoid structures	12.99	NA	NA	11.72	14.56	1.40	1.40	NA	NA	26.11	28.95	090								
69511	A		Extensive mastoid surgery	13.52	NA	NA	11.99	15.10	1.44	1.44	NA	NA	26.95	30.06	090								
69530	A		Extensive mastoid surgery	19.19	NA	NA	15.01	17.35	1.35	1.35	NA	NA	35.55	37.89	090								
69535	A		Remove part of temporal bone	36.14	NA	NA	24.97	26.81	2.23	2.23	NA	NA	63.34	65.18	090								
69540	A		Remove ear lesion	1.20	1.66	1.45	1.19	0.82	0.11	0.11	2.97	2.76	2.50	2.13	010								
69550	A		Remove ear lesion	10.99	NA	NA	10.37	12.43	1.56	1.56	NA	NA	22.92	24.98	090								
69552	A		Remove ear lesion	19.46	NA	NA	14.49	17.24	1.46	1.46	NA	NA	35.41	38.16	090								
69554	A		Remove ear lesion	33.16	NA	NA	21.87	24.08	2.06	2.06	NA	NA	57.09	59.30	090								
69601	A		Mastoid surgery revision	13.24	NA	NA	12.38	14.51	1.21	1.21	NA	NA	26.83	28.96	090								
69602	A		Mastoid surgery revision	13.58	NA	NA	12.26	15.22	1.37	1.37	NA	NA	27.21	30.17	090								
69603	A		Mastoid surgery revision	14.02	NA	NA	12.26	15.61	1.47	1.47	NA	NA	27.75	31.10	090								
69604	A		Mastoid surgery revision	14.02	NA	NA	12.41	15.65	2.11	2.11	NA	NA	28.54	31.78	090								
69605	A		Mastoid surgery revision	18.49	NA	NA	14.82	15.87	1.46	1.46	NA	NA	34.77	35.82	090								
69610	A		Repair of eardrum	4.43	3.62	1.66	3.07	1.15	0.08	0.08	8.13	6.17	7.58	5.66	010								
69620	A		Repair of eardrum	5.89	5.63	6.68	3.43	6.13	0.91	0.91	12.43	13.48	10.23	12.93	090								
69631	A		Repair eardrum structures	9.86	NA	NA	9.66	11.25	1.26	1.26	NA	NA	20.78	22.37	090								
69632	A		Rebuild eardrum structures	12.75	NA	NA	12.07	14.44	1.35	1.35	NA	NA	26.17	28.54	090								
69633	A		Rebuild eardrum structures	12.10	NA	NA	11.70	13.76	1.39	1.39	NA	NA	25.19	27.25	090								
69635	A		Repair eardrum structures	13.33	NA	NA	12.00	14.93	1.49	1.49	NA	NA	26.82	29.75	090								
69636	A		Rebuild eardrum structures	15.22	NA	NA	13.49	17.00	1.65	1.65	NA	NA	30.36	33.87	090								
69637	A		Rebuild eardrum structures	15.11	NA	NA	13.46	16.90	1.74	1.74	NA	NA	30.31	33.75	090								
69641	A		Revise middle ear & mastoid	12.71	NA	NA	11.67	14.30	1.46	1.46	NA	NA	25.84	28.47	090								
69642	A		Revise middle ear & mastoid	16.84	NA	NA	14.38	18.67	1.73	1.73	NA	NA	32.95	37.24	090								
69643	A		Revise middle ear & mastoid	15.32	NA	NA	13.52	17.10	1.96	1.96	NA	NA	30.80	34.38	090								

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CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitional Non-facility		Facility		Transitional Facility		Mal- practice		Non- facility		Transitional Non-facility		Facility		Transitional Facility		Global
					RVUs	expense	RVUs	practice expense	RVUs	practice expense	RVUs	practice expense	RVUs	practice expense	RVUs	practice expense	RVUs	practice expense	RVUs	practice expense	Total	Total	
69644	A		Revise middle ear & mastoid	16.97	NA	NA	NA	14.55	18.83	2.11	NA	18.83	2.11	NA	NA	NA	NA	33.63	37.91	090	090		
69645	A		Revise middle ear & mastoid	16.38	NA	NA	NA	14.17	18.21	1.96	NA	18.21	1.96	NA	NA	NA	NA	32.51	36.55	090	090		
69646	A		Revise middle ear & mastoid	17.99	NA	NA	NA	15.05	19.87	1.88	NA	19.87	1.88	NA	NA	NA	NA	34.92	39.74	090	090		
69650	A		Release middle ear bone	9.66	NA	NA	NA	9.47	11.02	1.04	NA	11.02	1.04	NA	NA	NA	NA	20.17	21.72	090	090		
69660	A		Release middle ear bone	11.90	NA	NA	NA	10.64	13.32	1.42	NA	13.32	1.42	NA	NA	NA	NA	23.96	26.64	090	090		
69661	A		Revise middle ear bone	15.74	NA	NA	NA	13.21	17.40	1.51	NA	17.40	1.51	NA	NA	NA	NA	30.46	34.65	090	090		
69662	A		Revise middle ear bone	15.44	NA	NA	NA	13.14	17.11	1.52	NA	17.11	1.52	NA	NA	NA	NA	30.10	34.07	090	090		
69666	A		Repair middle ear structures	9.75	NA	NA	NA	9.54	11.12	1.38	NA	11.12	1.38	NA	NA	NA	NA	20.67	22.25	090	090		
69667	A		Repair middle ear structures	9.76	NA	NA	NA	9.52	11.13	1.30	NA	11.13	1.30	NA	NA	NA	NA	20.58	22.19	090	090		
69670	A		Remove mastoid air cells	11.51	NA	NA	NA	10.98	11.03	0.84	NA	11.03	0.84	NA	NA	NA	NA	23.33	23.38	090	090		
69676	A		Remove middle ear nerve	9.52	NA	NA	NA	9.70	9.37	0.67	NA	9.37	0.67	NA	NA	NA	NA	19.89	19.56	090	090		
69700	A		Close mastoid fistula	8.23	NA	NA	NA	5.21	7.70	0.66	NA	7.70	0.66	NA	NA	NA	NA	14.10	16.59	090	090		
69710	N		Implant/replace hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
69711	A		Remove/repair hearing aid	10.44	NA	NA	NA	10.35	9.46	0.34	NA	9.46	0.34	NA	NA	NA	NA	21.13	20.24	090	090		
69720	A		Release facial nerve	14.38	NA	NA	NA	12.79	16.08	1.78	NA	16.08	1.78	NA	NA	NA	NA	28.95	32.24	090	090		
69725	A		Release facial nerve	25.38	NA	NA	NA	16.91	16.15	1.18	NA	16.15	1.18	NA	NA	NA	NA	43.47	42.71	090	090		
69740	A		Repair facial nerve	15.96	NA	NA	NA	12.38	12.73	1.32	NA	12.73	1.32	NA	NA	NA	NA	29.66	30.01	090	090		
69745	A		Repair facial nerve	16.69	NA	NA	NA	12.78	16.18	1.20	NA	16.18	1.20	NA	NA	NA	NA	30.67	34.07	090	090		
69799	C		Middle ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	
69801	A		Incise inner ear	8.56	NA	NA	NA	8.76	9.86	1.44	NA	9.86	1.44	NA	NA	NA	NA	18.76	19.86	090	090		
69802	A		Incise inner ear	13.10	NA	NA	NA	11.69	12.07	0.95	NA	12.07	0.95	NA	NA	NA	NA	25.74	26.12	090	090		
69805	A		Explore inner ear	13.82	NA	NA	NA	11.91	13.67	1.56	NA	13.67	1.56	NA	NA	NA	NA	27.29	29.05	090	090		
69806	A		Explore inner ear	12.35	NA	NA	NA	11.48	13.93	1.99	NA	13.93	1.99	NA	NA	NA	NA	25.82	28.27	090	090		
69820	A		Establish inner ear window	10.34	NA	NA	NA	11.20	10.00	0.78	NA	10.00	0.78	NA	NA	NA	NA	22.32	21.12	090	090		
69840	A		Revise inner ear window	10.26	NA	NA	NA	12.19	9.96	0.40	NA	9.96	0.40	NA	NA	NA	NA	22.85	20.62	090	090		
69905	A		Remove inner ear	11.10	NA	NA	NA	10.41	12.54	1.62	NA	12.54	1.62	NA	NA	NA	NA	23.13	25.26	090	090		
69910	A		Remove inner ear & mastoid	13.63	NA	NA	NA	12.03	15.21	1.83	NA	15.21	1.83	NA	NA	NA	NA	27.49	30.67	090	090		
69915	A		Incise inner ear nerve	21.23	NA	NA	NA	16.60	18.57	1.58	NA	18.57	1.58	NA	NA	NA	NA	39.41	41.38	090	090		
69930	A		Implant cochlear device	16.81	NA	NA	NA	13.53	18.44	2.61	NA	18.44	2.61	NA	NA	NA	NA	32.95	37.86	090	090		
69949	C		Inner ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	
69950	A		Incise inner ear nerve	25.64	NA	NA	NA	17.98	19.14	1.81	NA	19.14	1.81	NA	NA	NA	NA	45.43	46.59	090	090		
69955	A		Release facial nerve	27.04	NA	NA	NA	18.88	21.23	1.76	NA	21.23	1.76	NA	NA	NA	NA	47.68	50.03	090	090		
69960	A		Release inner ear canal	27.04	NA	NA	NA	18.93	19.26	1.51	NA	19.26	1.51	NA	NA	NA	NA	47.48	47.81	090	090		
69970	A		Remove inner ear lesion	30.04	NA	NA	NA	21.07	21.30	1.77	NA	21.30	1.77	NA	NA	NA	NA	52.88	53.11	090	090		
69979	C		Temporal bone surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	
69990	R		Microsurgery add-on	3.46	1.83	1.83	1.83	1.83	1.83	0.73	0.73	1.83	0.73	0.73	6.02	6.02	6.02	6.02	6.02	6.02	6.02	ZZZ	
70010	A		Contrast x-ray of brain	1.19	4.83	4.83	4.99	4.83	4.99	0.26	0.26	4.99	0.26	0.26	6.28	6.28	6.28	6.28	6.44	6.44	6.44	XXX	
70010	26		Contrast x-ray of brain	1.19	0.34	0.34	0.51	0.34	0.51	0.06	0.06	0.51	0.06	0.06	1.59	1.59	1.76	1.76	1.76	1.76	1.76	XXX	
70010	TC		Contrast x-ray of brain	0.00	4.49	4.49	4.48	4.49	4.48	0.20	0.20	4.48	0.20	0.20	4.69	4.69	4.68	4.68	4.68	4.68	4.68	XXX	
70015	A		Contrast x-ray of brain	1.19	1.73	1.73	1.90	1.73	1.90	0.13	0.13	1.90	0.13	0.13	3.05	3.05	3.22	3.22	3.22	3.22	3.22	XXX	

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 3 \*Indicates RVUs are not used for Medicare payment.

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup>		practice expense		Non- facility practice expense		Non- facility practice expense		Facility Total		Transitioned Facility Total		Global
				RVUs	%	RVUs	%	RVUs	%	RVUs	%	RVUs	%	RVUs	%	
70015	26	A	Contrast x-ray of brain	1.19	0.33	0.50	0.33	0.50	0.33	0.50	0.33	1.58	1.75	1.58	1.75	XXX
70015	TC	A	Contrast x-ray of brain	0.00	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.47	1.47	1.47	1.47	XXX
70030		A	X-ray eye for foreign body	0.17	0.48	0.51	0.48	0.51	0.48	0.51	0.48	0.68	0.71	0.68	0.71	XXX
70030	26	A	X-ray eye for foreign body	0.17	0.04	0.08	0.04	0.08	0.04	0.08	0.04	0.22	0.26	0.22	0.26	XXX
70030	TC	A	X-ray eye for foreign body	0.00	0.44	0.43	0.44	0.43	0.44	0.43	0.44	0.46	0.45	0.46	0.45	XXX
70100		A	X-ray exam of jaw	0.18	0.60	0.63	0.60	0.63	0.60	0.63	0.60	0.81	0.84	0.81	0.84	XXX
70100	26	A	X-ray exam of jaw	0.18	0.05	0.09	0.05	0.09	0.05	0.09	0.05	0.24	0.28	0.24	0.28	XXX
70100	TC	A	X-ray exam of jaw	0.00	0.55	0.54	0.55	0.54	0.55	0.54	0.55	0.57	0.56	0.57	0.56	XXX
70110		A	X-ray exam of jaw	0.25	0.70	0.75	0.70	0.75	0.70	0.75	0.70	1.00	1.05	1.00	1.05	XXX
70110	26	A	X-ray exam of jaw	0.25	0.06	0.11	0.06	0.11	0.06	0.11	0.06	0.33	0.38	0.33	0.38	XXX
70110	TC	A	X-ray exam of jaw	0.00	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.67	0.67	0.67	0.67	XXX
70120		A	X-ray exam of mastoids	0.18	0.69	0.73	0.69	0.73	0.69	0.73	0.69	0.91	0.95	0.91	0.95	XXX
70120	26	A	X-ray exam of mastoids	0.18	0.05	0.09	0.05	0.09	0.05	0.09	0.05	0.24	0.28	0.24	0.28	XXX
70120	TC	A	X-ray exam of mastoids	0.00	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.67	0.67	0.67	0.67	XXX
70130		A	X-ray exam of mastoids	0.34	0.91	0.96	0.91	0.96	0.91	0.96	0.91	1.31	1.36	1.31	1.36	XXX
70130	26	A	X-ray exam of mastoids	0.34	0.09	0.15	0.09	0.15	0.09	0.15	0.09	0.45	0.51	0.45	0.51	XXX
70130	TC	A	X-ray exam of mastoids	0.00	0.82	0.81	0.82	0.81	0.82	0.81	0.82	0.86	0.85	0.86	0.85	XXX
70134		A	X-ray exam of middle ear	0.34	0.84	0.91	0.84	0.91	0.84	0.91	0.84	1.24	1.31	1.24	1.31	XXX
70134	26	A	X-ray exam of middle ear	0.34	0.09	0.15	0.09	0.15	0.09	0.15	0.09	0.45	0.51	0.45	0.51	XXX
70134	TC	A	X-ray exam of middle ear	0.00	0.75	0.76	0.75	0.76	0.75	0.76	0.75	0.79	0.80	0.79	0.80	XXX
70140		A	X-ray exam of facial bones	0.19	0.69	0.73	0.69	0.73	0.69	0.73	0.69	0.92	0.96	0.92	0.96	XXX
70140	26	A	X-ray exam of facial bones	0.19	0.05	0.09	0.05	0.09	0.05	0.09	0.05	0.25	0.29	0.25	0.29	XXX
70140	TC	A	X-ray exam of facial bones	0.00	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.67	0.67	0.67	0.67	XXX
70150		A	X-ray exam of facial bones	0.26	0.89	0.93	0.89	0.93	0.89	0.93	0.89	1.21	1.25	1.21	1.25	XXX
70150	26	A	X-ray exam of facial bones	0.26	0.07	0.12	0.07	0.12	0.07	0.12	0.07	0.35	0.40	0.35	0.40	XXX
70150	TC	A	X-ray exam of facial bones	0.00	0.82	0.81	0.82	0.81	0.82	0.81	0.82	0.86	0.85	0.86	0.85	XXX
70160		A	X-ray exam of nasal bones	0.17	0.59	0.62	0.59	0.62	0.59	0.62	0.59	0.79	0.82	0.79	0.82	XXX
70160	26	A	X-ray exam of nasal bones	0.17	0.04	0.08	0.04	0.08	0.04	0.08	0.04	0.22	0.26	0.22	0.26	XXX
70160	TC	A	X-ray exam of nasal bones	0.00	0.55	0.54	0.55	0.54	0.55	0.54	0.55	0.57	0.56	0.57	0.56	XXX
70170		A	X-ray exam of tear duct	0.30	1.06	1.11	1.06	1.11	1.06	1.11	1.06	1.43	1.48	1.43	1.48	XXX
70170	26	A	X-ray exam of tear duct	0.30	0.08	0.13	0.08	0.13	0.08	0.13	0.08	0.40	0.45	0.40	0.45	XXX
70170	TC	A	X-ray exam of tear duct	0.00	0.98	0.98	0.98	0.98	0.98	0.98	0.98	1.03	1.03	1.03	1.03	XXX
70190		A	X-ray exam of eye sockets	0.21	0.69	0.74	0.69	0.74	0.69	0.74	0.69	0.94	0.99	0.94	0.99	XXX
70190	26	A	X-ray exam of eye sockets	0.21	0.05	0.10	0.05	0.10	0.05	0.10	0.05	0.27	0.32	0.27	0.32	XXX
70190	TC	A	X-ray exam of eye sockets	0.00	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.67	0.67	0.67	0.67	XXX
70200		A	X-ray exam of eye sockets	0.28	0.89	0.93	0.89	0.93	0.89	0.93	0.89	1.23	1.27	1.23	1.27	XXX
70200	26	A	X-ray exam of eye sockets	0.28	0.07	0.12	0.07	0.12	0.07	0.12	0.07	0.42	0.42	0.42	0.42	XXX
70200	TC	A	X-ray exam of eye sockets	0.00	0.82	0.81	0.82	0.81	0.82	0.81	0.82	0.86	0.85	0.86	0.85	XXX
70210		A	X-ray exam of sinuses	0.17	0.68	0.72	0.68	0.72	0.68	0.72	0.68	0.89	0.93	0.89	0.93	XXX
70210	26	A	X-ray exam of sinuses	0.17	0.04	0.08	0.04	0.08	0.04	0.08	0.04	0.22	0.26	0.22	0.26	XXX



	CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility practice expense RVUs	Transitional Non-facility practice expense RVUs	Facility practice expense RVUs	Transitional Facility practice expense RVUs	Md- practise RVUs	Non- facility Total	Transitional Non- facility Total	Facility Total	Transitional Facility Total	Global
	702010	TC	A	X-ray exam of sinuses	0.00	0.64	0.64	0.64	0.64	0.03	0.67	0.67	0.67	0.67	XXX
	702020		A	X-ray exam of sinuses	0.25	0.88	0.92	0.88	0.92	0.06	1.19	1.23	1.19	1.23	XXX
	702020	26	A	X-ray exam of sinuses	0.25	0.06	0.11	0.06	0.11	0.02	0.33	0.38	0.33	0.38	XXX
	702020	TC	A	X-ray exam of sinuses	0.00	0.82	0.81	0.82	0.81	0.04	0.86	0.85	0.86	0.85	XXX
	702040		A	X-ray exam pituitary saddle	0.19	0.49	0.52	0.49	0.52	0.03	0.71	0.74	0.71	0.74	XXX
	702040	26	A	X-ray exam pituitary saddle	0.19	0.05	0.09	0.05	0.09	0.01	0.25	0.29	0.25	0.29	XXX
	702040	TC	A	X-ray exam pituitary saddle	0.00	0.44	0.43	0.44	0.43	0.02	0.46	0.45	0.46	0.45	XXX
	702050		A	X-ray exam of skull	0.24	0.70	0.75	0.70	0.75	0.05	0.99	1.04	0.99	1.04	XXX
	702050	26	A	X-ray exam of skull	0.24	0.06	0.11	0.06	0.11	0.02	0.32	0.37	0.32	0.37	XXX
	702050	TC	A	X-ray exam of skull	0.00	0.64	0.64	0.64	0.64	0.03	0.67	0.67	0.67	0.67	XXX
	702060		A	X-ray exam of skull	0.34	1.02	1.07	1.02	1.07	0.07	1.43	1.48	1.43	1.48	XXX
	702060	26	A	X-ray exam of skull	0.34	0.09	0.15	0.09	0.15	0.02	0.45	0.51	0.45	0.51	XXX
	702060	TC	A	X-ray exam of skull	0.00	0.93	0.92	0.93	0.92	0.05	0.98	0.97	0.98	0.97	XXX
	703000		A	X-ray exam of teeth	0.10	0.30	0.32	0.30	0.32	0.03	0.43	0.45	0.43	0.45	XXX
	703000	26	A	X-ray exam of teeth	0.10	0.03	0.05	0.03	0.05	0.01	0.14	0.16	0.14	0.16	XXX
	703000	TC	A	X-ray exam of teeth	0.00	0.27	0.27	0.27	0.27	0.02	0.29	0.29	0.29	0.29	XXX
	703010		A	X-ray exam of teeth	0.16	0.49	0.50	0.49	0.50	0.03	0.68	0.69	0.68	0.69	XXX
	703010	26	A	X-ray exam of teeth	0.16	0.05	0.07	0.05	0.07	0.01	0.22	0.24	0.22	0.24	XXX
	703010	TC	A	X-ray exam of teeth	0.00	0.44	0.43	0.44	0.43	0.02	0.46	0.45	0.46	0.45	XXX
	703020		A	Full mouth x-ray of teeth	0.22	0.88	0.91	0.88	0.91	0.06	1.16	1.19	1.16	1.19	XXX
	703020	26	A	Full mouth x-ray of teeth	0.22	0.06	0.10	0.06	0.10	0.02	0.30	0.34	0.30	0.34	XXX
	703020	TC	A	Full mouth x-ray of teeth	0.00	0.82	0.81	0.82	0.81	0.04	0.86	0.85	0.86	0.85	XXX
	703028		A	X-ray exam of jaw joint	0.18	0.56	0.60	0.56	0.60	0.03	0.77	0.81	0.77	0.81	XXX
	703028	26	A	X-ray exam of jaw joint	0.18	0.05	0.09	0.05	0.09	0.01	0.24	0.28	0.24	0.28	XXX
	703028	TC	A	X-ray exam of jaw joint	0.00	0.51	0.51	0.51	0.51	0.02	0.53	0.53	0.53	0.53	XXX
	703030		A	X-ray exam of jaw joints	0.24	0.93	0.98	0.93	0.98	0.06	1.23	1.28	1.23	1.28	XXX
	703030	26	A	X-ray exam of jaw joints	0.24	0.06	0.11	0.06	0.11	0.02	0.32	0.37	0.32	0.37	XXX
	703030	TC	A	X-ray exam of jaw joints	0.00	0.87	0.87	0.87	0.87	0.04	0.91	0.91	0.91	0.91	XXX
	703032		A	X-ray exam of jaw joint	0.54	2.33	2.41	2.33							

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup>			Non-facility			Transitioned			Facility			Mal-practice			Non-facility			Transitioned			Facility			Total			Global
				RVUs	expense	RVUs	RVUs	expense	RVUs	RVUs	expense	RVUs	RVUs	expense	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	expense	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	
70360		A	X-ray exam of neck	0.17	0.48	0.51	0.48	0.04	0.08	0.51	0.48	0.04	0.51	0.08	0.03	0.03	0.03	0.03	0.68	0.71	0.68	0.71	0.68	0.71	0.68	0.71	0.68	0.71	0.68	0.71	XXX
70360	26	A	X-ray exam of neck	0.17	0.04	0.08	0.04	0.04	0.08	0.04	0.04	0.04	0.08	0.08	0.01	0.01	0.01	0.01	0.22	0.26	0.22	0.26	0.22	0.26	0.22	0.26	0.22	0.26	0.22	0.26	XXX
70360	TC	A	X-ray exam of neck	0.00	0.44	0.43	0.44	0.44	0.43	0.43	0.44	0.44	0.43	0.43	0.02	0.02	0.02	0.02	0.46	0.45	0.46	0.45	0.46	0.45	0.46	0.45	0.46	0.45	0.46	0.45	XXX
70370		A	Throat x-ray & fluoroscopy	0.32	1.42	1.49	1.42	0.08	1.49	1.49	1.42	0.08	1.49	1.49	0.08	0.08	0.08	0.08	1.82	1.89	1.82	1.89	1.82	1.89	1.82	1.89	1.82	1.89	1.82	1.89	XXX
70370	26	A	Throat x-ray & fluoroscopy	0.32	0.08	0.14	0.08	0.08	0.14	0.14	0.08	0.08	0.14	0.14	0.02	0.02	0.02	0.02	0.42	0.48	0.42	0.48	0.42	0.48	0.42	0.48	0.42	0.48	0.42	0.48	XXX
70370	TC	A	Throat x-ray & fluoroscopy	0.00	1.34	1.35	1.34	1.34	1.35	1.35	1.34	1.34	1.35	1.35	0.06	0.06	0.06	0.06	1.40	1.41	1.40	1.41	1.40	1.41	1.40	1.41	1.40	1.41	1.40	1.41	XXX
70371		A	Speech evaluation, complex	0.84	2.41	2.54	2.41	0.23	2.54	2.54	2.41	0.23	2.54	2.54	0.15	0.15	0.15	0.15	3.40	3.53	3.40	3.53	3.40	3.53	3.40	3.53	3.40	3.53	3.40	3.53	XXX
70371	26	A	Speech evaluation, complex	0.84	0.23	0.37	0.23	0.23	0.37	0.37	0.23	0.23	0.37	0.37	0.05	0.05	0.05	0.05	1.12	1.26	1.12	1.26	1.12	1.26	1.12	1.26	1.12	1.26	1.12	1.26	XXX
70371	TC	A	Speech evaluation, complex	0.00	2.18	2.17	2.18	2.18	2.17	2.17	2.18	2.18	2.17	2.17	0.10	0.10	0.10	0.10	2.28	2.27	2.28	2.27	2.28	2.27	2.28	2.27	2.28	2.27	2.28	2.27	XXX
70373		A	Contrast x-ray of larynx	0.44	1.96	2.03	1.96	0.11	2.03	2.03	1.96	0.11	2.03	2.03	0.11	0.11	0.11	0.11	2.51	2.58	2.51	2.58	2.51	2.58	2.51	2.58	2.51	2.58	2.51	2.58	XXX
70373	26	A	Contrast x-ray of larynx	0.44	0.11	0.19	0.11	0.11	0.19	0.19	0.11	0.11	0.19	0.19	0.02	0.02	0.02	0.02	0.57	0.65	0.57	0.65	0.57	0.65	0.57	0.65	0.57	0.65	0.57	0.65	XXX
70373	TC	A	Contrast x-ray of larynx	0.00	1.85	1.84	1.85	1.85	1.84	1.84	1.85	1.85	1.84	1.84	0.09	0.09	0.09	0.09	1.94	1.93	1.94	1.93	1.94	1.93	1.94	1.93	1.94	1.93	1.94	1.93	XXX
70380		A	Contrast x-ray of salivary gland	0.17	0.74	0.77	0.74	0.04	0.77	0.77	0.74	0.04	0.77	0.77	0.04	0.04	0.04	0.04	0.95	0.98	0.95	0.98	0.95	0.98	0.95	0.98	0.95	0.98	0.95	0.98	XXX
70380	26	A	Contrast x-ray of salivary gland	0.17	0.04	0.08	0.04	0.04	0.08	0.08	0.04	0.04	0.08	0.08	0.01	0.01	0.01	0.01	0.22	0.26	0.22	0.26	0.22	0.26	0.22	0.26	0.22	0.26	0.22	0.26	XXX
70380	TC	A	Contrast x-ray of salivary gland	0.00	0.70	0.69	0.70	0.70	0.69	0.69	0.70	0.70	0.69	0.69	0.03	0.03	0.03	0.03	0.73	0.72	0.73	0.72	0.73	0.72	0.73	0.72	0.73	0.72	0.73	0.72	XXX
70390		A	X-ray exam of salivary duct	0.38	1.95	2.00	1.95	0.10	2.00	2.00	1.95	0.10	2.00	2.00	0.11	0.11	0.11	0.11	2.44	2.49	2.44	2.49	2.44	2.49	2.44	2.49	2.44	2.49	2.44	2.49	XXX
70390	26	A	X-ray exam of salivary duct	0.38	0.10	0.16	0.10	0.10	0.16	0.16	0.10	0.10	0.16	0.16	0.02	0.02	0.02	0.02	0.50	0.56	0.50	0.56	0.50	0.56	0.50	0.56	0.50	0.56	0.50	0.56	XXX
70390	TC	A	X-ray exam of salivary duct	0.00	1.85	1.84	1.85	1.85	1.84	1.84	1.85	1.85	1.84	1.84	0.09	0.09	0.09	0.09	1.94	1.93	1.94	1.93	1.94	1.93	1.94	1.93	1.94	1.93	1.94	1.93	XXX
70450		A	CAT scan of head or brain	0.85	5.13	5.26	5.13	0.23	5.26	5.26	5.13	0.23	5.26	5.26	0.28	0.28	0.28	0.28	6.26	6.39	6.26	6.39	6.26	6.39	6.26	6.39	6.26	6.39	6.26	6.39	XXX
70450	26	A	CAT scan of head or brain	0.85	0.23	0.37	0.23	0.23	0.37	0.37	0.23	0.23	0.37	0.37	0.05	0.05	0.05	0.05	1.13	1.27	1.13	1.27	1.13	1.27	1.13	1.27	1.13	1.27	1.13	1.27	XXX
70450	TC	A	CAT scan of head or brain	0.00	4.90	4.89	4.90	4.90	4.89	4.89	4.90	4.90	4.89	4.89	0.23	0.23	0.23	0.23	5.13	5.12	5.13	5.12	5.13	5.12	5.13	5.12	5.13	5.12	5.13	5.12	XXX
70460		A	Contrast CAT scan of head	1.13	6.18	6.34	6.18	0.31	6.34	6.34	6.18	0.31	6.34	6.34	0.33	0.33	0.33	0.33	7.64	7.80	7.64	7.80	7.64	7.80	7.64	7.80	7.64	7.80	7.64	7.80	XXX
70460	26	A	Contrast CAT scan of head	1.13	0.31	0.48	0.31	0.31	0.48	0.48	0.31	0.31	0.48	0.48	0.06	0.06	0.06	0.06	1.50	1.67	1.50	1.67	1.50	1.67	1.50	1.67	1.50	1.67	1.50	1.67	XXX
70460	TC	A	Contrast CAT scan of head	0.00	5.87	5.86	5.87	5.87	5.86	5.86	5.87	5.87	5.86	5.86	0.27	0.27	0.27	0.27	6.14	6.13	6.14	6.13	6.14	6.13	6.14	6.13	6.14	6.13	6.14	6.13	XXX
70470		A	Contrast CAT scans of head	1.27	7.67	7.86	7.67	0.34	7.86	7.86	7.67	0.34	7.86	7.86	0.41	0.41	0.41	0.41	9.35	9.54	9.35	9.54	9.35	9.54	9.35	9.54	9.35	9.54	9.35	9.54	XXX
70470	26	A	Contrast CAT scans of head	1.27	0.34	0.54	0.34	0.34	0.54	0.54	0.34	0.34	0.54	0.54	0.07	0.07	0.07	0.07	1.68	1.88	1.68	1.88	1.68	1.88	1.68	1.88	1.68	1.88	1.68	1.88	XXX
70470	TC	A	Contrast CAT scans of head	0.00	7.33	7.32	7.33	7.33	7.32	7.32	7.33	7.33	7.32	7.32	0.34	0.34	0.34	0.34	7.67	7.66	7.67	7.66	7.67	7.66	7.67	7.66	7.67	7.66	7.67	7.66	XXX
70480		A	CAT scan of skull	1.28	5.24	5.44	5.24	0.34	5.44	5.44	5.24	0.34	5.44	5.44	0.30	0.30	0.30	0.30	6.82	7.02	6.82	7.02	6.82	7.02	6.82	7.02	6.82	7.02	6.82	7.02	XXX
70480	26	A	CAT scan of skull	1.28	0.34	0.55	0.34	0.34	0.55	0.55	0.34	0.34	0.55	0.55	0.07	0.07	0.07	0.07	1.69	1.90	1.69	1.90	1.69	1.90	1.69	1.90	1.69	1.90	1.69	1.90	XXX
70480	TC	A	CAT scan of skull	0.00	4.90	4.89	4.90	4.90	4.89	4.89	4.90	4.90	4.89	4.89	0.23	0.23	0.23	0.23	5.13	5.12	5.13	5.12	5.13	5.12	5.13	5.12	5.13	5.12	5.13	5.12	XXX
70481		A	Contrast CAT scan of skull	1.38	6.24	6.45	6.24	0.37	6.45	6.45	6.24	0.37	6.45	6.45	0.34	0.34	0.34	0.34	7.96	8.17	7.96	8.17	7.96	8.17	7.96	8.17	7.96	8.17	7.96	8.17	XXX
70481	26	A	Contrast CAT scan of skull	1.38	0.37	0.59	0.37	0.37	0.59	0.59	0.37	0.37	0.59	0.59	0.07	0.07	0.07	0.07	1.82	2.04	1.82	2.04	1.82	2.04	1.82	2.04	1.82	2.04	1.82	2.04	XXX
70481	TC	A	Contrast CAT scan of skull	0.00	5.87	5.86	5.87	5.87	5.86	5.86	5.87	5.87	5.86	5.86	0.27	0.27	0.27	0.27	6.14	6.13	6.14	6.13	6.14	6.13	6.14	6.13	6.14	6.13	6.14	6.13	XXX
70482		A	Contrast CAT scans of skull	1.45	7.72	7.94	7.72	0.39	7.94	7.94	7.72	0.39	7.94	7.94	0.42	0.42	0.42	0.42	9.59	9.81	9.59	9.81	9.59	9.81	9.59	9.81	9.59	9.81	9.59	9.81	XXX
70482	26	A	Contrast CAT scans of skull	1.45	0.39	0.62	0.39	0.39	0.62	0.62	0.39	0.39	0.62	0.62	0.08	0.08	0.08	0.08	1.92	2.15	1.92	2.15	1.92	2.15	1.92	2.15	1.92	2.15	1.92	2.15	XXX
70482	TC	A	Contrast CAT scans of skull	0.00	7.33	7.32	7.33	7.33	7.32	7.32	7.33	7.33	7.32	7.32	0.34	0.34	0.34	0.34	7.67	7.66	7.67	7.66	7.67	7.66	7.67	7.66	7.67	7.66	7.67	7.66	XXX
70486		A	CAT scan of face, jaw	1.14	5.20	5.37	5.20	0.30	5.37	5.37	5.20	0.30	5.37	5.37	0.29	0.29	0.29	0.29	6.63	6.80	6.63	6.80	6.63	6.80	6.63	6.80	6.63	6.80	6.63	6.80	XXX
70486	26	A	CAT scan of face, jaw	1.14	0.30	0.48	0.30	0.30	0.48	0.48	0.30	0.30	0.48	0.48	0.06	0.06	0.06	0.06	1.50	1.68	1.50	1.68	1.50	1.68	1.50	1.68	1.50	1.68	1.50	1.68	XXX
70486	TC	A	CAT scan of face, jaw	0.00	4.90	4.89	4.90	4.90	4.89	4.89	4.90	4.90	4.89	4.89	0.23	0.23	0.23	0.23	5.13	5.12	5.13	5.12	5.13	5.12	5.13	5.12	5.13	5.12	5.13	5.12	XXX
70487		A	Contrast CAT scan, face/jaw	1.30	6.22	6.41	6.22	0.34	6.41	6.41	6.22	0.34	6.41	6.41	0.34	0.34	0.34	0.34	7.86	8.05	7.86	8.05	7.86	8.05	7.86	8.05	7.86	8.05	7.86	8.05	XXX



CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility			Transitioned			Transitioned			Transitioned			Global
					Non- facility practice expense RVUs	Non- facility practice expense RVUs	Non- facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Non- facility		Facility		Facility		
											Total	Mal- practice RVUs	Total	Non- facility	Total	Facility	
70487	26	A	Contrast CAT scan, face/jaw	1.30	0.35	0.55	0.35	0.55	0.07	1.72	1.92	1.92	1.72	1.92	1.92	XXX	
70487	TC	A	Contrast CAT scan, face/jaw	0.00	5.87	5.86	5.87	5.86	0.27	6.14	6.13	6.13	6.14	6.13	6.13	XXX	
70488		A	Contrast CAT scans face/jaw	1.42	7.71	7.93	7.71	7.93	0.42	9.55	9.77	9.77	9.55	9.77	9.77	XXX	
70488	26	A	Contrast CAT scans face/jaw	1.42	0.38	0.61	0.38	0.61	0.08	1.88	2.11	2.11	1.88	2.11	2.11	XXX	
70488	TC	A	Contrast CAT scans face/jaw	0.00	7.33	7.32	7.33	7.32	0.34	7.67	7.66	7.66	7.67	7.66	7.66	XXX	
70490		A	CAT scan of neck tissue	1.28	5.24	5.44	5.24	5.44	0.30	6.82	7.02	7.02	6.82	7.02	7.02	XXX	
70490	26	A	CAT scan of neck tissue	1.28	0.34	0.55	0.34	0.55	0.07	1.69	1.90	1.90	1.69	1.90	1.90	XXX	
70490	TC	A	CAT scan of neck tissue	0.00	4.90	4.89	4.90	4.89	0.23	5.13	5.12	5.12	5.13	5.12	5.12	XXX	
70491		A	Contrast CAT of neck tissue	1.38	6.24	6.45	6.24	6.45	0.34	7.96	8.17	8.17	7.96	8.17	8.17	XXX	
70491	26	A	Contrast CAT of neck tissue	1.38	0.37	0.59	0.37	0.59	0.07	1.82	2.04	2.04	1.82	2.04	2.04	XXX	
70491	TC	A	Contrast CAT of neck tissue	0.00	5.87	5.86	5.87	5.86	0.27	6.14	6.13	6.13	6.14	6.13	6.13	XXX	
70492		A	Contrast CAT of neck tissue	1.45	7.71	7.93	7.71	7.93	0.42	9.58	9.80	9.80	9.58	9.80	9.80	XXX	
70492	26	A	Contrast CAT of neck tissue	1.45	0.38	0.61	0.38	0.61	0.08	1.91	2.14	2.14	1.91	2.14	2.14	XXX	
70492	TC	A	Contrast CAT of neck tissue	0.00	7.33	7.32	7.33	7.32	0.34	7.67	7.66	7.66	7.67	7.66	7.66	XXX	
70540		A	Magnetic image, face, neck	1.48	12.02	12.24	12.02	12.24	0.60	14.10	14.32	14.32	14.10	14.32	14.32	XXX	
70540	26	A	Magnetic image, face, neck	1.48	0.39	0.64	0.39	0.64	0.08	1.95	2.20	2.20	1.95	2.20	2.20	XXX	
70540	TC	A	Magnetic image, face, neck	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.12	12.15	12.12	12.12	XXX	
70541		R	Magnetic image, head (MRA)	1.81	12.12	12.26	12.12	12.26	0.60	14.53	14.67	14.67	14.53	14.67	14.67	XXX	
70541	26	R	Magnetic image, head (MRA)	1.81	0.49	0.66	0.49	0.66	0.08	2.38	2.55	2.55	2.38	2.55	2.55	XXX	
70541	TC	R	Magnetic image, head (MRA)	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.12	12.15	12.12	12.12	XXX	
70551		A	Magnetic image, brain (MRI)	1.48	12.03	12.24	12.03	12.24	0.60	14.11	14.32	14.32	14.11	14.32	14.32	XXX	
70551	26	A	Magnetic image, brain (MRI)	1.48	0.40	0.64	0.40	0.64	0.08	1.96	2.20	2.20	1.96	2.20	2.20	XXX	
70551	TC	A	Magnetic image, brain (MRI)	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.12	12.15	12.12	12.12	XXX	
70552		A	Magnetic image, brain (MRI)	1.78	14.45	14.69	14.45	14.69	0.72	16.95	17.19	17.19	16.95	17.19	17.19	XXX	
70552	26	A	Magnetic image, brain (MRI)	1.78	0.50	0											

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33 +Indicates RVUs are not used for Medicare payment.



# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility			Transitioned Non-facility			Transitioned Facility			Mal- practice			Transitioned Non-facility			Transitioned Facility			Global		
					RVUs	practice expense	RVUs	practice expense	RVUs	RVUs	practice expense	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	practice expense	RVUs	RVUs	practice expense	RVUs	RVUs	RVUs	RVUs
71021	TC	A	Chest x-ray	0.00	0.75	0.83	0.76	0.89	0.75	0.76	0.89	0.76	0.89	0.04	0.06	0.04	0.79	0.80	0.80	0.79	0.80	0.80	0.80	0.80	XXX
71022		A	Chest x-ray	0.31	0.83	0.83	0.89	0.89	0.83	0.89	0.89	0.89	0.89	0.06	0.06	0.06	1.20	1.26	1.26	1.20	1.26	1.26	1.26	1.26	XXX
71022	26	A	Chest x-ray	0.31	0.08	0.08	0.13	0.13	0.08	0.13	0.13	0.13	0.13	0.02	0.02	0.02	0.41	0.46	0.46	0.41	0.46	0.46	0.46	0.46	XXX
71022	TC	A	Chest x-ray	0.00	0.75	0.75	0.76	0.76	0.75	0.76	0.76	0.76	0.76	0.04	0.04	0.04	0.79	0.80	0.80	0.79	0.80	0.80	0.80	0.80	XXX
71023		A	Chest x-ray and fluoroscopy	0.38	0.94	0.94	0.98	0.98	0.94	0.98	0.98	0.98	0.98	0.06	0.06	0.06	1.38	1.42	1.42	1.38	1.42	1.42	1.42	1.42	XXX
71023	26	A	Chest x-ray and fluoroscopy	0.38	0.12	0.12	0.17	0.17	0.12	0.17	0.17	0.17	0.17	0.02	0.02	0.02	0.52	0.57	0.57	0.52	0.57	0.57	0.57	0.57	XXX
71023	TC	A	Chest x-ray and fluoroscopy	0.00	0.82	0.82	0.81	0.81	0.82	0.81	0.81	0.81	0.81	0.04	0.04	0.04	0.86	0.85	0.85	0.86	0.85	0.85	0.85	0.85	XXX
71030		A	Chest x-ray	0.31	0.90	0.90	0.94	0.94	0.90	0.94	0.94	0.94	0.94	0.06	0.06	0.06	1.27	1.31	1.31	1.27	1.31	1.31	1.31	1.31	XXX
71030	26	A	Chest x-ray	0.31	0.08	0.08	0.13	0.13	0.08	0.13	0.13	0.13	0.13	0.02	0.02	0.02	0.41	0.46	0.46	0.41	0.46	0.46	0.46	0.46	XXX
71030	TC	A	Chest x-ray	0.00	0.82	0.82	0.81	0.81	0.82	0.81	0.81	0.81	0.81	0.04	0.04	0.04	0.86	0.85	0.85	0.86	0.85	0.85	0.85	0.85	XXX
71034		A	Chest x-ray & fluoroscopy	0.46	1.63	1.63	1.70	1.70	1.63	1.70	1.70	1.70	1.70	0.09	0.09	0.09	2.18	2.25	2.25	2.18	2.25	2.25	2.25	2.25	XXX
71034	26	A	Chest x-ray & fluoroscopy	0.46	0.14	0.14	0.21	0.21	0.14	0.21	0.21	0.21	0.21	0.02	0.02	0.02	0.62	0.69	0.69	0.62	0.69	0.69	0.69	0.69	XXX
71034	TC	A	Chest x-ray & fluoroscopy	0.00	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	0.07	0.07	0.07	1.56	1.56	1.56	1.56	1.56	1.56	1.56	1.56	XXX
71035		A	Chest x-ray	0.18	0.60	0.60	0.62	0.62	0.60	0.62	0.62	0.62	0.62	0.03	0.03	0.03	0.81	0.83	0.83	0.81	0.83	0.83	0.83	0.83	XXX
71035	26	A	Chest x-ray	0.18	0.05	0.05	0.08	0.08	0.05	0.08	0.08	0.08	0.08	0.01	0.01	0.01	0.24	0.27	0.27	0.24	0.27	0.27	0.27	0.27	XXX
71035	TC	A	Chest x-ray	0.00	0.55	0.55	0.54	0.54	0.55	0.54	0.54	0.54	0.54	0.02	0.02	0.02	0.57	0.56	0.56	0.57	0.56	0.56	0.56	0.56	XXX
71036		A	X-ray guidance for biopsy	0.54	1.77	1.77	1.87	1.87	1.77	1.87	1.87	1.87	1.87	0.11	0.11	0.11	2.42	2.52	2.52	2.42	2.52	2.52	2.52	2.52	XXX
71036	26	A	X-ray guidance for biopsy	0.54	0.14	0.14	0.24	0.24	0.14	0.24	0.24	0.24	0.24	0.03	0.03	0.03	0.71	0.81	0.81	0.71	0.81	0.81	0.81	0.81	XXX
71036	TC	A	X-ray guidance for biopsy	0.00	1.63	1.63	1.63	1.63	1.63	1.63	1.63	1.63	1.63	0.08	0.08	0.08	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	XXX
71038		D	X-ray guidance for biopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
71038	26	D	X-ray guidance for biopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
71038	TC	D	X-ray guidance for biopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
71040		A	Contrast x-ray of bronchi	0.58	1.67	1.67	1.77	1.77	1.67	1.77	1.77	1.77	1.77	0.10	0.10	0.10	2.35	2.45	2.45	2.35	2.45	2.45	2.45	2.45	XXX
71040	26	A	Contrast x-ray of bronchi	0.58	0.15	0.15	0.26	0.26	0.15	0.26	0.26	0.26	0.26	0.03	0.03	0.03	0.76	0.87	0.87	0.76	0.87	0.87	0.87	0.87	XXX
71040	TC	A	Contrast x-ray of bronchi	0.00	1.52	1.52	1.51	1.51	1.52	1.51	1.51	1.51	1.51	0.07	0.07	0.07	1.59	1.58	1.58	1.59	1.58	1.58	1.58	1.58	XXX
71060		A	Contrast x-ray of bronchi	0.74	2.48	2.48	2.61	2.61	2.48	2.61	2.61	2.61	2.61	0.15	0.15	0.15	3.37	3.50	3.50	3.37	3.50	3.50	3.50	3.50	XXX
71060	26	A	Contrast x-ray of bronchi	0.74	0.20	0.20	0.33	0.33	0.20	0.33	0.33	0.33	0.33	0.04	0.04	0.04	0.98	1.11	1.11	0.98	1.11	1.11	1.11	1.11	XXX
71060	TC	A	Contrast x-ray of bronchi	0.00	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	0.11	0.11	0.11	2.39	2.39	2.39	2.39	2.39	2.39	2.39	2.39	XXX
71090		A	X-ray & pacemaker insertion	0.54	1.96	1.96	2.00	2.00	1.96	2.00	2.00	2.00	2.00	0.12	0.12	0.12	2.62	2.66	2.66	2.62	2.66	2.66	2.66	2.66	XXX
71090	26	A	X-ray & pacemaker insertion	0.54	0.22	0.22	0.26	0.26	0.22	0.26	0.26	0.26	0.26	0.03	0.03	0.03	0.79	0.83	0.83	0.79	0.83	0.83	0.83	0.83	XXX
71090	TC	A	X-ray & pacemaker insertion	0.00	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74	0.09	0.09	0.09	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	XXX
71100		A	X-ray exam of ribs	0.22	0.65	0.65	0.69	0.69	0.65	0.69	0.69	0.69	0.69	0.05	0.05	0.05	0.92	0.96	0.96	0.92	0.96	0.96	0.96	0.96	XXX
71100	26	A	X-ray exam of ribs	0.22	0.06	0.06	0.10	0.10	0.06	0.10	0.10	0.10	0.10	0.02	0.02	0.02	0.30	0.34	0.34	0.30	0.34	0.34	0.34	0.34	XXX
71100	TC	A	X-ray exam of ribs	0.00	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.03	0.03	0.03	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	XXX
71101		A	X-ray exam of ribs, chest	0.27	0.77	0.77	0.81	0.81	0.77	0.81	0.81	0.81	0.81	0.05	0.05	0.05	1.09	1.13	1.13	1.09	1.13	1.13	1.13	1.13	XXX
71101	26	A	X-ray exam of ribs, chest	0.27	0.07	0.07	0.12	0.12	0.07	0.12	0.12	0.12	0.12	0.02	0.02	0.02	0.36	0.41	0.41	0.36	0.41	0.41	0.41	0.41	XXX
71101	TC	A	X-ray exam of ribs, chest	0.00	0.70	0.70	0.69	0.69	0.70	0.69	0.69	0.69	0.69	0.03	0.03	0.03	0.73	0.72	0.72	0.73	0.72	0.72	0.72	0.72	XXX
71110		A	X-ray exam of ribs	0.27	0.89	0.89	0.93	0.93	0.89	0.93	0.93	0.93	0.93	0.06	0.06	0.06	1.22	1.26	1.26	1.22	1.26	1.26	1.26	1.26	XXX
71110	26	A	X-ray exam of ribs	0.27	0.07	0.07	0.12	0.12	0.07	0.12	0.12	0.12	0.12	0.02	0.02	0.02	0.36	0.41	0.41	0.36	0.41	0.41	0.41	0.41	XXX
71110	TC	A	X-ray exam of ribs	0.00	0.82	0.82	0.81	0.81	0.82	0.81	0.81	0.81	0.81	0.04	0.04	0.04	0.86	0.85	0.85	0.86	0.85	0.85	0.85	0.85	XXX

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## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	practice expense RVUs		practice expense RVUs		Mal- practice RVUs		Non- facility Total		Non- facility Total		Facility Total		Facility Total		Transitioned Global
					RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs					
71111		A	X-ray exam of ribs, chest	0.32	1.01	1.06	1.06	1.01	0.07	1.40	1.40	1.45	1.45	1.40	1.40	1.45	1.45	XXX	
71111	26	A	X-ray exam of ribs, chest	0.32	0.08	0.14	0.14	0.08	0.02	0.42	0.42	0.48	0.48	0.42	0.42	0.48	0.48	XXX	
71111	TC	A	X-ray exam of ribs, chest	0.00	0.93	0.92	0.92	0.93	0.05	0.98	0.98	0.97	0.97	0.98	0.98	0.97	0.97	XXX	
71120		A	X-ray exam of breastbone	0.20	0.73	0.76	0.76	0.73	0.04	0.97	0.97	1.00	1.00	0.97	0.97	1.00	1.00	XXX	
71120	26	A	X-ray exam of breastbone	0.20	0.05	0.09	0.09	0.05	0.01	0.26	0.26	0.30	0.30	0.26	0.26	0.30	0.30	XXX	
71120	TC	A	X-ray exam of breastbone	0.00	0.68	0.67	0.67	0.68	0.03	0.71	0.71	0.70	0.70	0.71	0.71	0.70	0.70	XXX	
71130		A	X-ray exam of breastbone	0.22	0.79	0.83	0.83	0.79	0.04	1.05	1.05	1.09	1.09	1.05	1.05	1.09	1.09	XXX	
71130	26	A	X-ray exam of breastbone	0.22	0.06	0.10	0.10	0.06	0.01	0.29	0.29	0.33	0.33	0.29	0.29	0.33	0.33	XXX	
71130	TC	A	X-ray exam of breastbone	0.00	0.73	0.73	0.73	0.73	0.03	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	XXX	
71250		A	Cat scan of chest	1.16	6.44	6.61	6.61	6.44	0.34	7.94	7.94	8.11	8.11	7.94	7.94	8.11	8.11	XXX	
71250	26	A	Cat scan of chest	1.16	0.31	0.49	0.49	0.31	0.06	1.53	1.53	1.71	1.71	1.53	1.53	1.71	1.71	XXX	
71250	TC	A	Cat scan of chest	0.00	6.13	6.12	6.12	6.13	0.28	6.41	6.41	6.40	6.40	6.41	6.41	6.40	6.40	XXX	
71260		A	Contrast CAT scan of chest	1.24	7.66	7.85	7.85	7.66	0.40	9.30	9.30	9.49	9.49	9.30	9.30	9.49	9.49	XXX	
71260	26	A	Contrast CAT scan of chest	1.24	0.33	0.53	0.53	0.33	0.06	1.63	1.63	1.83	1.83	1.63	1.63	1.83	1.83	XXX	
71260	TC	A	Contrast CAT scan of chest	0.00	7.33	7.32	7.32	7.33	0.34	7.67	7.67	7.66	7.66	7.67	7.67	7.66	7.66	XXX	
71270		A	Contrast CAT scans of chest	1.38	9.54	9.75	9.75	9.54	0.48	11.40	11.40	11.61	11.61	11.40	11.40	11.61	11.61	XXX	
71270	26	A	Contrast CAT scans of chest	1.38	0.37	0.59	0.59	0.37	0.07	1.82	1.82	2.04	2.04	1.82	1.82	2.04	2.04	XXX	
71270	TC	A	Contrast CAT scans of chest	0.00	9.17	9.16	9.16	9.17	0.41	9.58	9.58	9.57	9.57	9.58	9.58	9.57	9.57	XXX	
71550		A	Magnetic image, chest	1.60	12.06	12.29	12.29	12.06	0.61	14.27	14.27	14.50	14.50	14.27	14.27	14.50	14.50	XXX	
71550	26	A	Magnetic image, chest	1.60	0.43	0.69	0.69	0.43	0.09	2.12	2.12	2.38	2.38	2.12	2.12	2.38	2.38	XXX	
71550	TC	A	Magnetic image, chest	0.00	11.63	11.60	11.60	11.63	0.52	12.15	12.15	12.12	12.12	12.15	12.15	12.12	12.12	XXX	
71555		R	Magnetic imaging/chest (MRA)	1.81	12.31	12.36	12.36	12.31	0.61	14.73	14.73	14.78	14.78	14.73	14.73	14.78	14.78	XXX	
71555	26	R	Magnetic imaging/chest (MRA)	1.81	0.68	0.76	0.76	0.68	0.09	2.58	2.58	2.66	2.66	2.58	2.58	2.66	2.66	XXX	
71555	TC	R	Magnetic imaging/chest (MRA)	0.00	11.63	11.60	11.60	11.63	0.52	12.15	12.15	12.12	12.12	12.15	12.15	12.12	12.12	XXX	
72010		A	X-ray exam of spine	0.45	1.18	1.26	1.26	1.18	0.07	1.70	1.70	1.78	1.78	1.70	1.70	1.78	1.78	XXX	
72010	26	A	X-ray exam of spine	0.45	0.12	0.20	0.20	0.12	0.02	0.59	0.59	0.67	0.67	0.59	0.59	0.67	0.67	XXX	
72010	TC	A	X-ray exam of spine	0.00	1.06	1.06	1.06	1.06	0.05	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	XXX	
72020		A	X-ray exam of spine	0.15	0.48	0.50	0.50	0.48	0.03	0.66	0.66	0.68	0.68	0.66	0.66	0.68	0.68	XXX	
72020	26	A	X-ray exam of spine	0.15	0.04	0.07	0.07	0.04	0.01	0.20	0.20	0.23	0.23	0.20	0.20	0.23	0.23	XXX	
72020	TC	A	X-ray exam of spine	0.00	0.44	0.43	0.43	0.44	0.02	0.46	0.46	0.45	0.45	0.46	0.46	0.45	0.45	XXX	
72040		A	X-ray exam of neck spine	0.22	0.68	0.72	0.72	0.68	0.04	0.94	0.94	0.98	0.98	0.94	0.94	0.98	0.98	XXX	
72040	26	A	X-ray exam of neck spine	0.22	0.06	0.10	0.10	0.06	0.01	0.29	0.29	0.33	0.33	0.29	0.29	0.33	0.33	XXX	
72040	TC	A	X-ray exam of neck spine	0.00	0.62	0.62	0.62	0.62	0.03	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	XXX	
72050		A	X-ray exam of neck spine	0.31	1.01	1.05	1.05	1.01	0.07	1.39	1.39	1.43	1.43	1.39	1.39	1.43	1.43	XXX	
72050	26	A	X-ray exam of neck spine	0.31	0.08	0.13	0.13	0.08	0.02	0.41	0.41	0.46	0.46	0.41	0.41	0.46	0.46	XXX	
72050	TC	A	X-ray exam of neck spine	0.00	0.93	0.92	0.92	0.93	0.05	0.98	0.98	0.97	0.97	0.98	0.98	0.97	0.97	XXX	
72052		A	X-ray exam of neck spine	0.36	1.27	1.33	1.33	1.27	0.07	1.70	1.70	1.76	1.76	1.70	1.70	1.76	1.76	XXX	
72052	26	A	X-ray exam of neck spine	0.36	0.09	0.16	0.16	0.09	0.02	0.47	0.47	0.54	0.54	0.47	0.47	0.54	0.54	XXX	
72052	TC	A	X-ray exam of neck spine	0.00	1.18	1.17	1.17	1.18	0.05	1.23	1.23	1.22	1.22	1.23	1.23	1.22	1.22	XXX	
72069		A	X-ray exam of trunk spine	0.22	0.57	0.61	0.61	0.57	0.03	0.82	0.82	0.86	0.86	0.82	0.82	0.86	0.86	XXX	

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CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned		Facility		Transitioned		Facility		Transitioned		Global
					practice expense	RVUs	Non-facility practice expense	RVUs	Facility practice expense	RVUs	Mal- practice RVUs	Non- facility RVUs	Non- facility Total	Facility Total	Transitioned Facility Total		
72069	26	A	X-ray exam of trunk spine	0.22	0.06	0.10	0.06	0.10	0.06	0.10	0.01	0.29	0.33	0.29	0.33	0.53	XXX
72069	TC	A	X-ray exam of trunk spine	0.00	0.51	0.51	0.51	0.51	0.51	0.51	0.02	0.53	0.53	0.53	0.53	0.53	XXX
72070		A	X-ray exam of thorax spine	0.22	0.74	0.77	0.74	0.77	0.74	0.77	0.04	1.00	1.03	1.00	1.03	1.03	XXX
72070	26	A	X-ray exam of thorax spine	0.22	0.06	0.10	0.06	0.10	0.06	0.10	0.01	0.29	0.33	0.29	0.33	0.33	XXX
72070	TC	A	X-ray exam of thorax spine	0.00	0.68	0.67	0.68	0.67	0.68	0.67	0.03	0.71	0.70	0.71	0.70	0.70	XXX
72072		A	X-ray exam of thoracic spine	0.22	0.81	0.86	0.81	0.86	0.81	0.86	0.05	1.08	1.13	1.08	1.13	1.13	XXX
72072	26	A	X-ray exam of thoracic spine	0.22	0.06	0.10	0.06	0.10	0.06	0.10	0.01	0.29	0.33	0.29	0.33	0.33	XXX
72072	TC	A	X-ray exam of thoracic spine	0.00	0.75	0.76	0.75	0.76	0.75	0.76	0.04	0.79	0.80	0.79	0.80	0.80	XXX
72074		A	X-ray exam of thoracic spine	0.22	1.01	1.04	1.01	1.04	1.01	1.04	0.06	1.29	1.32	1.29	1.32	1.32	XXX
72074	26	A	X-ray exam of thoracic spine	0.22	0.06	0.10	0.06	0.10	0.06	0.10	0.01	0.29	0.33	0.29	0.33	0.33	XXX
72074	TC	A	X-ray exam of thoracic spine	0.00	0.95	0.94	0.95	0.94	0.95	0.94	0.05	1.00	0.99	1.00	0.99	0.99	XXX
72080		A	X-ray exam of trunk spine	0.22	0.76	0.79	0.76	0.79	0.76	0.79	0.04	1.02	1.05	1.02	1.05	1.05	XXX
72080	26	A	X-ray exam of trunk spine	0.22	0.06	0.10	0.06	0.10	0.06	0.10	0.01	0.29	0.33	0.29	0.33	0.33	XXX
72080	TC	A	X-ray exam of trunk spine	0.00	0.70	0.69	0.70	0.69	0.70	0.69	0.03	0.73	0.72	0.73	0.72	0.72	XXX
72090		A	X-ray exam of trunk spine	0.28	0.78	0.82	0.78	0.82	0.78	0.82	0.05	1.11	1.15	1.11	1.15	1.15	XXX
72090	26	A	X-ray exam of trunk spine	0.28	0.08	0.13	0.08	0.13	0.08	0.13	0.02	0.38	0.43	0.38	0.43	0.43	XXX
72090	TC	A	X-ray exam of trunk spine	0.00	0.70	0.69	0.70	0.69	0.70	0.69	0.03	0.73	0.72	0.73	0.72	0.72	XXX
72100		A	X-ray exam of lower spine	0.22	0.76	0.79	0.76	0.79	0.76	0.79	0.04	1.02	1.05	1.02	1.05	1.05	XXX
72100	26	A	X-ray exam of lower spine	0.22	0.06	0.10	0.06	0.10	0.06	0.10	0.01	0.29	0.33	0.29	0.33	0.33	XXX
72100	TC	A	X-ray exam of lower spine	0.00	0.70	0.69	0.70	0.69	0.70	0.69	0.03	0.73	0.72	0.73	0.72	0.72	XXX
72110		A	X-ray exam of lower spine	0.31	1.03	1.07	1.03	1.07	1.03	1.07	0.07	1.41	1.45	1.41	1.45	1.45	XXX
72110	26	A	X-ray exam of lower spine	0.31	0.08	0.13	0.08	0.13	0.08	0.13	0.02	0.41	0.46	0.41	0.46	0.46	XXX
72110	TC	A	X-ray exam of lower spine	0.00	0.95	0.94	0.95	0.94	0.95	0.94	0.05	1.00	0.99	1.00	0.99	0.99	XXX
72114		A	X-ray exam of lower spine	0.36	1.32	1.39	1.32	1.39	1.32	1.39	0.07	1.75	1.82	1.75	1.8		

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitioned		Facility		Mal- practice		Non-facility		Transitioned		Facility		Total		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	Total	Total	
72158		A	Magnetic image, lumbar spine	2.36	26.46	26.79	26.46	26.79	26.46	26.79	1.30	30.12	30.45	30.12	30.45	30.12	30.45	30.12	30.45	30.45	XXX
72158	26	A	Magnetic image, lumbar spine	2.36	0.63	1.03	0.63	1.03	0.63	1.03	0.13	3.12	3.52	3.12	3.52	3.12	3.52	3.12	3.52	3.52	XXX
72158	TC	A	Magnetic image, lumbar spine	0.00	25.83	25.76	25.83	25.76	25.83	25.76	1.17	27.00	26.93	27.00	26.93	27.00	26.93	27.00	26.93	26.93	XXX
72159		N	Magnetic imaging/spine (MRA)	+1.80	13.58	13.59	13.58	13.59	13.58	13.59	0.66	16.04	16.05	16.04	16.05	16.04	16.05	16.04	16.05	16.05	XXX
72159	26	N	Magnetic imaging/spine (MRA)	+1.80	0.68	0.71	0.68	0.71	0.68	0.71	0.08	2.56	2.59	2.56	2.59	2.56	2.59	2.56	2.59	2.59	XXX
72159	TC	N	Magnetic imaging/spine (MRA)	+0.00	12.90	12.88	12.90	12.88	12.90	12.88	0.58	13.48	13.46	13.48	13.46	13.48	13.46	13.48	13.46	13.46	XXX
72170		A	X-ray exam of pelvis	0.17	0.59	0.61	0.59	0.61	0.59	0.61	0.03	0.79	0.81	0.79	0.81	0.79	0.81	0.79	0.81	0.81	XXX
72170	26	A	X-ray exam of pelvis	0.17	0.04	0.07	0.04	0.07	0.04	0.07	0.01	0.22	0.25	0.22	0.25	0.22	0.25	0.22	0.25	0.25	XXX
72170	TC	A	X-ray exam of pelvis	0.00	0.55	0.54	0.55	0.54	0.55	0.54	0.02	0.57	0.56	0.57	0.56	0.57	0.56	0.57	0.56	0.56	XXX
72190		A	X-ray exam of pelvis	0.21	0.76	0.79	0.76	0.79	0.76	0.79	0.04	1.01	1.04	1.01	1.04	1.01	1.04	1.01	1.04	1.04	XXX
72190	26	A	X-ray exam of pelvis	0.21	0.06	0.10	0.06	0.10	0.06	0.10	0.01	0.28	0.32	0.28	0.32	0.28	0.32	0.28	0.32	0.32	XXX
72190	TC	A	X-ray exam of pelvis	0.00	0.70	0.69	0.70	0.69	0.70	0.69	0.03	0.73	0.72	0.73	0.72	0.73	0.72	0.73	0.72	0.72	XXX
72192		A	CAT scan of pelvis	1.09	6.42	6.58	6.42	6.58	6.42	6.58	0.33	7.84	8.00	7.84	8.00	7.84	8.00	7.84	8.00	8.00	XXX
72192	26	A	CAT scan of pelvis	1.09	0.29	0.46	0.29	0.46	0.29	0.46	0.05	1.43	1.60	1.43	1.60	1.43	1.60	1.43	1.60	1.60	XXX
72192	TC	A	CAT scan of pelvis	0.00	6.13	6.12	6.13	6.12	6.13	6.12	0.28	6.41	6.40	6.41	6.40	6.41	6.40	6.41	6.40	6.40	XXX
72193		A	Contrast CAT scan of pelvis	1.16	7.41	7.58	7.41	7.58	7.41	7.58	0.38	8.95	9.12	8.95	9.12	8.95	9.12	8.95	9.12	9.12	XXX
72193	26	A	Contrast CAT scan of pelvis	1.16	0.31	0.49	0.31	0.49	0.31	0.49	0.06	1.53	1.71	1.53	1.71	1.53	1.71	1.53	1.71	1.71	XXX
72193	TC	A	Contrast CAT scan of pelvis	0.00	7.10	7.09	7.10	7.09	7.10	7.09	0.32	7.42	7.41	7.42	7.41	7.42	7.41	7.42	7.41	7.41	XXX
72194		A	Contrast CAT scans of pelvis	1.22	9.12	9.31	9.12	9.31	9.12	9.31	0.45	10.79	10.98	10.79	10.98	10.79	10.98	10.79	10.98	10.98	XXX
72194	26	A	Contrast CAT scans of pelvis	1.22	0.32	0.52	0.32	0.52	0.32	0.52	0.06	1.60	1.80	1.60	1.80	1.60	1.80	1.60	1.80	1.80	XXX
72194	TC	A	Contrast CAT scans of pelvis	0.00	8.80	8.79	8.80	8.79	8.80	8.79	0.39	9.19	9.18	9.19	9.18	9.19	9.18	9.19	9.18	9.18	XXX
72196		A	Magnetic image, pelvis	1.60	12.05	12.29	12.05	12.29	12.05	12.29	0.61	14.26	14.50	14.26	14.50	14.26	14.50	14.26	14.50	14.50	XXX
72196	26	A	Magnetic image, pelvis	1.60	0.42	0.69	0.42	0.69	0.42	0.69	0.09	2.11	2.38	2.11	2.38	2.11	2.38	2.11	2.38	2.38	XXX
72196	TC	A	Magnetic image, pelvis	0.00	11.63	11.60	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	12.12	12.15	12.12	12.15	12.12	12.12	XXX
72198		N	Magnetic imaging/pelvis(MRA)	+1.80	12.31	12.36	12.31	12.36	12.31	12.36	0.61	14.72	14.77	14.72	14.77	14.72	14.77	14.72	14.77	14.77	XXX
72198	26	N	Magnetic imaging/pelvis(MRA)	+1.80	0.68	0.76	0.68	0.76	0.68	0.76	0.09	2.57	2.65	2.57	2.65	2.57	2.65	2.57	2.65	2.65	XXX
72198	TC	N	Magnetic imaging/pelvis(MRA)	+0.00	11.63	11.60	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	12.12	12.15	12.12	12.15	12.12	12.12	XXX
72200		A	X-ray exam sacroiliac joints	0.17	0.59	0.62	0.59	0.62	0.59	0.62	0.03	0.79	0.82	0.79	0.82	0.79	0.82	0.79	0.82	0.82	XXX
72200	26	A	X-ray exam sacroiliac joints	0.17	0.04	0.08	0.04	0.08	0.04	0.08	0.01	0.22	0.26	0.22	0.26	0.22	0.26	0.22	0.26	0.26	XXX
72200	TC	A	X-ray exam sacroiliac joints	0.00	0.55	0.54	0.55	0.54	0.55	0.54	0.02	0.57	0.56	0.57	0.56	0.57	0.56	0.57	0.56	0.56	XXX
72202		A	X-ray exam sacroiliac joints	0.19	0.69	0.73	0.69	0.73	0.69	0.73	0.04	0.92	0.96	0.92	0.96	0.92	0.96	0.92	0.96	0.96	XXX
72202	26	A	X-ray exam sacroiliac joints	0.19	0.05	0.09	0.05	0.09	0.05	0.09	0.01	0.25	0.29	0.25	0.29	0.25	0.29	0.25	0.29	0.29	XXX
72202	TC	A	X-ray exam sacroiliac joints	0.00	0.64	0.64	0.64	0.64	0.64	0.64	0.03	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	XXX
72220		A	X-ray exam of tailbone	0.17	0.63	0.67	0.63	0.67	0.63	0.67	0.04	0.84	0.88	0.84	0.88	0.84	0.88	0.84	0.88	0.88	XXX
72220	26	A	X-ray exam of tailbone	0.17	0.04	0.08	0.04	0.08	0.04	0.08	0.01	0.22	0.26	0.22	0.26	0.22	0.26	0.22	0.26	0.26	XXX
72220	TC	A	X-ray exam of tailbone	0.00	0.59	0.59	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	XXX
72240		A	Contrast x-ray of neck spine	0.91	5.16	5.30	5.16	5.30	5.16	5.30	0.28	6.35	6.49	6.35	6.49	6.35	6.49	6.35	6.49	6.49	XXX
72240	26	A	Contrast x-ray of neck spine	0.91	0.24	0.39	0.24	0.39	0.24	0.39	0.05	1.20	1.35	1.20	1.35	1.20	1.35	1.20	1.35	1.35	XXX
72240	TC	A	Contrast x-ray of neck spine	0.00	4.92	4.91	4.92	4.91	4.92	4.91	0.23	5.15	5.14	5.15	5.14	5.15	5.14	5.15	5.14	5.14	XXX
72255		A	Contrast x-ray thorax spine	0.91	4.72	4.87	4.72	4.87	4.72	4.87	0.25	5.88	6.03	5.88	6.03	5.88	6.03	5.88	6.03	6.03	XXX

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CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician			Non-facility			Facility			Transitioned Facility			Transitioned Non-Facility			Transitioned Total			Global
				work RVUs <sup>3</sup>	practice expense	RVUs	practice expense	RVUs	practice expense	RVUs	Mal- practice RVUs	Non- facility Total	Non- facility	Facility Total	Non- facility Total	Non- facility	Facility Total					
72255	26	A	Contrast x-ray thorax spine	0.91	0.23	0.39	0.23	0.39	0.23	0.39	0.05	1.19	1.35	1.19	1.35	XXX						
72255	TC	A	Contrast x-ray thorax spine	0.00	4.49	4.48	4.49	4.48	4.49	4.48	0.20	4.69	4.68	4.69	4.68	XXX						
72265		A	Contrast x-ray lower spine	0.83	4.43	4.57	4.43	4.57	4.43	4.57	0.25	5.51	5.65	5.51	5.65	XXX						
72265	26	A	Contrast x-ray lower spine	0.83	0.21	0.36	0.21	0.36	0.21	0.36	0.05	1.09	1.24	1.09	1.24	XXX						
72265	TC	A	Contrast x-ray lower spine	0.00	4.22	4.21	4.22	4.21	4.22	4.21	0.20	4.42	4.41	4.42	4.41	XXX						
72270		A	Contrast x-ray of spine	1.33	6.68	6.89	6.68	6.89	6.68	6.89	0.36	8.37	8.58	8.37	8.58	XXX						
72270	26	A	Contrast x-ray of spine	1.00	0.35	0.57	0.35	0.57	0.35	0.57	0.07	1.75	1.97	1.75	1.97	XXX						
72270	TC	A	Contrast x-ray of spine	0.33	6.33	6.32	6.33	6.32	6.33	6.32	0.29	6.62	6.61	6.62	6.61	XXX						
72285		A	X-ray of neck spine disk	0.83	8.90	9.04	8.90	9.04	8.90	9.04	0.44	10.17	10.31	10.17	10.31	XXX						
72285	26	A	X-ray of neck spine disk	0.83	0.20	0.36	0.20	0.36	0.20	0.36	0.05	1.08	1.24	1.08	1.24	XXX						
72285	TC	A	X-ray of neck spine disk	0.00	8.70	8.68	8.70	8.68	8.70	8.68	0.39	9.09	9.07	9.09	9.07	XXX						
72295		A	X-ray of lower spine disk	0.83	8.39	8.51	8.39	8.51	8.39	8.51	0.41	9.63	9.75	9.63	9.75	XXX						
72295	26	A	X-ray of lower spine disk	0.83	0.23	0.37	0.23	0.37	0.23	0.37	0.05	1.11	1.25	1.11	1.25	XXX						
72295	TC	A	X-ray of lower spine disk	0.00	8.16	8.14	8.16	8.14	8.16	8.14	0.36	8.52	8.50	8.52	8.50	XXX						
73000		A	X-ray exam of collarbone	0.16	0.59	0.61	0.59	0.61	0.59	0.61	0.03	0.78	0.80	0.78	0.80	XXX						
73000	26	A	X-ray exam of collarbone	0.16	0.04	0.07	0.04	0.07	0.04	0.07	0.01	0.21	0.24	0.21	0.24	XXX						
73000	TC	A	X-ray exam of collarbone	0.00	0.55	0.54	0.55	0.54	0.55	0.54	0.02	0.57	0.56	0.57	0.56	XXX						
73010		A	X-ray exam of shoulder blade	0.17	0.59	0.62	0.59	0.62	0.59	0.62	0.03	0.79	0.82	0.79	0.82	XXX						
73010	26	A	X-ray exam of shoulder blade	0.17	0.04	0.08	0.04	0.08	0.04	0.08	0.01	0.22	0.26	0.22	0.26	XXX						
73010	TC	A	X-ray exam of shoulder blade	0.00	0.55	0.54	0.55	0.54	0.55	0.54	0.02	0.57	0.56	0.57	0.56	XXX						
73020		A	X-ray exam of shoulder	0.15	0.53	0.56	0.53	0.56	0.53	0.56	0.03	0.71	0.74	0.71	0.74	XXX						
73020	26	A	X-ray exam of shoulder	0.15	0.04	0.07	0.04	0.07	0.04	0.07	0.01	0.20	0.23	0.20	0.23	XXX						
73020	TC	A	X-ray exam of shoulder	0.00	0.49	0.49	0.49	0.49	0.49	0.49	0.02	0.51	0.51	0.51	0.51	XXX						
73030		A	X-ray exam of shoulder	0.18	0.64	0.67	0.64	0.67	0.64	0.67	0.04	0.86	0.89	0.86	0.89	XXX						
73030	26	A	X-ray exam of shoulder	0.18	0.05	0.08	0.05	0.08	0.05	0.08	0.01	0.24	0.27	0.24	0.27	XXX						
73030	TC	A	X-ray exam of shoulder																			

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3 +Indicates RVUs are not used for Medicare payment.



# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup>			Non- facility			Transitioned Non-facility			Facility			Mal- practice			Transitioned Facility			Global		
				RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs
73080	TC	A	X-ray exam of elbow	0.00	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.03	0.03	0.03	0.62	0.62	0.62	0.62	0.62	0.62
73085		A	Contrast x-ray of elbow	0.54	2.33	2.33	2.41	2.41	2.33	2.41	2.41	2.41	2.41	2.41	2.41	0.13	0.13	0.13	3.00	3.00	3.00	3.00	3.00	3.00
73085	26	A	Contrast x-ray of elbow	0.54	0.15	0.15	0.24	0.24	0.15	0.24	0.24	0.24	0.24	0.24	0.24	0.03	0.03	0.03	0.72	0.72	0.81	0.81	0.81	0.81
73085	TC	A	Contrast x-ray of elbow	0.00	2.18	2.18	2.17	2.17	2.18	2.17	2.17	2.17	2.17	2.17	2.17	0.10	0.10	0.10	2.28	2.27	2.27	2.27	2.27	2.27
73090		A	X-ray exam of forearm	0.16	0.59	0.59	0.61	0.61	0.59	0.61	0.61	0.61	0.61	0.61	0.61	0.03	0.03	0.03	0.78	0.80	0.80	0.80	0.80	0.80
73090	26	A	X-ray exam of forearm	0.16	0.04	0.04	0.07	0.07	0.04	0.07	0.07	0.07	0.07	0.07	0.07	0.01	0.01	0.01	0.21	0.24	0.24	0.24	0.24	0.24
73090	TC	A	X-ray exam of forearm	0.00	0.55	0.55	0.54	0.54	0.55	0.54	0.54	0.54	0.54	0.54	0.54	0.02	0.02	0.02	0.57	0.56	0.56	0.56	0.56	0.56
73092		A	X-ray exam of arm, infant	0.16	0.55	0.55	0.58	0.58	0.55	0.58	0.58	0.58	0.58	0.58	0.58	0.03	0.03	0.03	0.74	0.77	0.77	0.77	0.77	0.77
73092	26	A	X-ray exam of arm, infant	0.00	0.04	0.04	0.07	0.07	0.04	0.07	0.07	0.07	0.07	0.07	0.07	0.01	0.01	0.01	0.21	0.24	0.24	0.24	0.24	0.24
73092	TC	A	X-ray exam of arm, infant	0.00	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.02	0.02	0.02	0.53	0.53	0.53	0.53	0.53	0.53
73100		A	X-ray exam of wrist	0.16	0.55	0.55	0.58	0.58	0.55	0.58	0.58	0.58	0.58	0.58	0.58	0.03	0.03	0.03	0.74	0.77	0.77	0.77	0.77	0.77
73100	26	A	X-ray exam of wrist	0.16	0.04	0.04	0.07	0.07	0.04	0.07	0.07	0.07	0.07	0.07	0.07	0.01	0.01	0.01	0.21	0.24	0.24	0.24	0.24	0.24
73100	TC	A	X-ray exam of wrist	0.00	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.02	0.02	0.02	0.53	0.53	0.53	0.53	0.53	0.53
73110		A	X-ray exam of wrist	0.17	0.60	0.60	0.63	0.63	0.60	0.63	0.63	0.63	0.63	0.63	0.63	0.03	0.03	0.03	0.80	0.83	0.83	0.83	0.83	0.83
73110	26	A	X-ray exam of wrist	0.17	0.04	0.04	0.08	0.08	0.04	0.08	0.08	0.08	0.08	0.08	0.08	0.01	0.01	0.01	0.22	0.26	0.26	0.26	0.26	0.26
73110	TC	A	X-ray exam of wrist	0.00	0.56	0.56	0.55	0.55	0.56	0.55	0.55	0.55	0.55	0.55	0.55	0.02	0.02	0.02	0.58	0.57	0.57	0.57	0.57	0.57
73115		A	Contrast x-ray of wrist	0.54	1.78	1.78	1.87	1.87	1.78	1.87	1.87	1.87	1.87	1.87	1.87	0.11	0.11	0.11	2.43	2.52	2.52	2.52	2.52	2.52
73115	26	A	Contrast x-ray of wrist	0.54	0.15	0.15	0.24	0.24	0.15	0.24	0.24	0.24	0.24	0.24	0.24	0.03	0.03	0.03	0.72	0.81	0.81	0.81	0.81	0.81
73115	TC	A	Contrast x-ray of wrist	0.00	1.63	1.63	1.63	1.63	1.63	1.63	1.63	1.63	1.63	1.63	1.63	0.08	0.08	0.08	1.71	1.71	1.71	1.71	1.71	1.71
73120		A	X-ray exam of hand	0.16	0.55	0.55	0.58	0.58	0.55	0.58	0.58	0.58	0.58	0.58	0.58	0.03	0.03	0.03	0.74	0.77	0.77	0.77	0.77	0.77
73120	26	A	X-ray exam of hand	0.16	0.04	0.04	0.07	0.07	0.04	0.07	0.07	0.07	0.07	0.07	0.07	0.01	0.01	0.01	0.21	0.24	0.24	0.24	0.24	0.24
73120	TC	A	X-ray exam of hand	0.00	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.02	0.02	0.02	0.53	0.53	0.53	0.53	0.53	0.53
73130		A	X-ray exam of hand	0.17	0.60	0.60	0.63	0.63	0.60	0.63	0.63	0.63	0.63	0.63	0.63	0.03	0.03	0.03	0.80	0.83	0.83	0.83	0.83	0.83
73130	26	A	X-ray exam of hand	0.17	0.04	0.04	0.08	0.08	0.04	0.08	0.08	0.08	0.08	0.08	0.08	0.01	0.01	0.01	0.22	0.26	0.26	0.26	0.26	0.26
73130	TC	A	X-ray exam of hand	0.00	0.56	0.56	0.55	0.55	0.56	0.55	0.55	0.55	0.55	0.55	0.55	0.02	0.02	0.02	0.58	0.57	0.57	0.57	0.57	0.57
73140		A	X-ray exam of finger(s)	0.13	0.47	0.47	0.49	0.49	0.47	0.49	0.49	0.49	0.49	0.49	0.49	0.03	0.03	0.03	0.63	0.65	0.65	0.65	0.65	0.65
73140	26	A	X-ray exam of finger(s)	0.13	0.03	0.03	0.06	0.06	0.03	0.06	0.06	0.06	0.06	0.06	0.06	0.01	0.01	0.01	0.17	0.20	0.20	0.20	0.20	0.20
73140	TC	A	X-ray exam of finger(s)	0.00	0.44	0.44	0.43	0.43	0.44	0.43	0.43	0.43	0.43	0.43	0.43	0.02	0.02	0.02	0.46	0.45	0.45	0.45	0.45	0.45
73200		A	CAT scan of arm	1.09	5.44	5.44	5.60	5.60	5.44	5.60	5.60	5.60	5.60	5.60	5.60	0.28	0.28	0.28	6.81	6.97	6.97	6.97	6.97	6.97
73200	26	A	CAT scan of arm	1.09	0.29	0.29	0.46	0.46	0.29	0.46	0.46	0.46	0.46	0.46	0.46	0.05	0.05	0.05	1.43	1.60	1.60	1.60	1.60	1.60
73200	TC	A	CAT scan of arm	0.00	5.15	5.15	5.14	5.14	5.15	5.14	5.14	5.14	5.14	5.14	5.14	0.23	0.23	0.23	5.38	5.37	5.37	5.37	5.37	5.37
73201		A	Contrast CAT scan of arm	1.16	6.44	6.44	6.61	6.61	6.44	6.61	6.61	6.61	6.61	6.61	6.61	0.34	0.34	0.34	7.94	8.11	8.11	8.11	8.11	8.11
73201	26	A	Contrast CAT scan of arm	1.16	0.31	0.31	0.49	0.49	0.31	0.49	0.49	0.49	0.49	0.49	0.49	0.06	0.06	0.06	1.53	1.71	1.71	1.71	1.71	1.71
73201	TC	A	Contrast CAT scan of arm	0.00	6.13	6.13	6.12	6.12	6.13	6.12	6.12	6.12	6.12	6.12	6.12	0.28	0.28	0.28	6.41	6.40	6.40	6.40	6.40	6.40
73202		A	Contrast CAT scans of arm	1.22	8.04	8.04	8.21	8.21	8.04	8.21	8.21	8.21	8.21	8.21	8.21	0.41	0.41	0.41	9.67	9.84	9.84	9.84	9.84	9.84
73202	26	A	Contrast CAT scans of arm	1.22	0.33	0.33	0.52	0.52	0.33	0.52	0.52	0.52	0.52	0.52	0.52	0.06	0.06	0.06	1.61	1.80	1.80	1.80	1.80	1.80
73202	TC	A	Contrast CAT scans of arm	0.00	7.71	7.71	7.69	7.69	7.71	7.69	7.69	7.69	7.69	7.69	7.69	0.35	0.35	0.35	8.06	8.04	8.04	8.04	8.04	8.04
73220		A	Magnetic image, arm, hand	1.48	12.03	12.03	12.24	12.24	12.03	12.24	12.24	12.24	12.24	12.24	12.24	0.60	0.60	0.60	14.11	14.32	14.32	14.32	14.32	14.32
73220	26	A	Magnetic image, arm, hand	1.48	0.40	0.40	0.64	0.64	0.40	0.64	0.64	0.64	0.64	0.64	0.64	0.08	0.08	0.08	1.96	2.20	2.20	2.20	2.20	2.20
73220	TC	A	Magnetic image, arm, hand	0.00	11.63	11.63	11.60	11.60	11.63	11.60	11.60	11.60	11.60	11.60	11.60	0.52	0.52	0.52	12.15	12.12	12.12	12.12	12.12	12.12

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## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned		Facility		Transitioned		Mal- practice		Non- facility		Transitioned		Facility		Transitioned			
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	Non- facility RVUs	Non- facility expense RVUs	practice RVUs	expense RVUs	Non- facility RVUs	Non- facility expense RVUs	practice RVUs	expense RVUs	Non- facility RVUs	Non- facility expense RVUs	practice RVUs	expense RVUs	Non- facility RVUs	Non- facility expense RVUs
73221		A	Magnetic image, joint of arm	1.48	12.03	12.05	12.03	12.05	0.57	0.57	14.08	14.10	14.08	14.10	14.08	14.10	14.10	14.08	14.10	14.08	14.10	14.10	14.08	
73221	26	A	Magnetic image, joint of arm	1.48	0.40	0.45	0.40	0.45	0.05	0.05	1.93	1.98	1.93	1.98	1.93	1.98	1.98	1.93	1.98	1.93	1.98	1.98	1.93	
73221	TC	A	Magnetic image, joint of arm	0.00	11.63	11.60	11.63	11.60	0.52	0.52	12.15	12.12	12.15	12.12	12.15	12.12	12.12	12.15	12.12	12.15	12.12	12.12	12.15	
73225		N	Magnetic imaging/upper (MRA)	+1.73	12.28	12.30	12.28	12.30	0.60	0.60	14.61	14.63	14.61	14.63	14.61	14.63	14.63	14.61	14.63	14.61	14.63	14.63	14.61	
73225	26	N	Magnetic imaging/upper (MRA)	+1.73	0.65	0.70	0.65	0.70	0.08	0.08	2.46	2.51	2.46	2.51	2.46	2.51	2.51	2.46	2.51	2.46	2.51	2.51	2.46	
73225	TC	N	Magnetic imaging/upper (MRA)	+0.00	11.63	11.60	11.63	11.60	0.52	0.52	12.15	12.12	12.15	12.12	12.15	12.12	12.12	12.15	12.12	12.15	12.12	12.12	12.15	
73500		A	X-ray exam of hip	0.17	0.53	0.57	0.53	0.57	0.03	0.03	0.73	0.77	0.73	0.77	0.73	0.77	0.77	0.73	0.77	0.73	0.77	0.77	0.73	
73500	26	A	X-ray exam of hip	0.17	0.04	0.08	0.04	0.08	0.01	0.01	0.22	0.26	0.22	0.26	0.22	0.26	0.26	0.22	0.26	0.22	0.26	0.26	0.22	
73500	TC	A	X-ray exam of hip	0.00	0.49	0.49	0.49	0.49	0.02	0.02	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	
73510		A	X-ray exam of hip	0.21	0.65	0.69	0.65	0.69	0.04	0.04	0.90	0.94	0.90	0.94	0.90	0.94	0.94	0.90	0.94	0.90	0.94	0.94	0.90	
73510	26	A	X-ray exam of hip	0.21	0.06	0.10	0.06	0.10	0.01	0.01	0.28	0.32	0.28	0.32	0.28	0.32	0.32	0.28	0.32	0.28	0.32	0.32	0.28	
73510	TC	A	X-ray exam of hip	0.00	0.59	0.59	0.59	0.59	0.03	0.03	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	
73520		A	X-ray exam of hips	0.26	0.77	0.81	0.77	0.81	0.05	0.05	1.08	1.12	1.08	1.12	1.08	1.12	1.12	1.08	1.12	1.08	1.12	1.12	1.08	
73520	26	A	X-ray exam of hips	0.26	0.07	0.12	0.07	0.12	0.02	0.02	0.35	0.40	0.35	0.40	0.35	0.40	0.40	0.35	0.40	0.35	0.40	0.40	0.35	
73520	TC	A	X-ray exam of hips	0.00	0.70	0.69	0.70	0.69	0.03	0.03	0.73	0.72	0.73	0.72	0.73	0.72	0.72	0.73	0.72	0.73	0.72	0.72	0.73	
73525		A	Contrast x-ray of hip	0.54	2.32	2.41	2.32	2.41	0.13	0.13	2.99	3.08	2.99	3.08	2.99	3.08	3.08	2.99	3.08	2.99	3.08	3.08	2.99	
73525	26	A	Contrast x-ray of hip	0.54	0.14	0.24	0.14	0.24	0.03	0.03	0.71	0.81	0.71	0.81	0.71	0.81	0.81	0.71	0.81	0.71	0.81	0.81	0.71	
73525	TC	A	Contrast x-ray of hip	0.00	2.18	2.17	2.18	2.17	0.10	0.10	2.28	2.27	2.28	2.27	2.28	2.27	2.27	2.28	2.27	2.28	2.27	2.27	2.28	
73530		A	X-ray exam of hip	0.29	0.63	0.67	0.63	0.67	0.04	0.04	0.96	1.00	0.96	1.00	0.96	1.00	1.00	0.96	1.00	0.96	1.00	1.00	0.96	
73530	26	A	X-ray exam of hip	0.29	0.08	0.13	0.08	0.13	0.02	0.02	0.39	0.44	0.39	0.44	0.39	0.44	0.44	0.39	0.44	0.39	0.44	0.44	0.39	
73530	TC	A	X-ray exam of hip	0.00	0.55	0.54	0.55	0.54	0.02	0.02	0.57	0.56	0.57	0.56	0.57	0.56	0.56	0.57	0.56	0.57	0.56	0.56	0.57	
73540		A	X-ray exam of pelvis & hips	0.20	0.64	0.69	0.64	0.69	0.04	0.04	0.88	0.93	0.88	0.93	0.88	0.93	0.93	0.88	0.93	0.88	0.93	0.93	0.88	
73540	26	A	X-ray exam of pelvis & hips	0.20	0.05	0.10	0.05	0.10	0.01	0.01	0.26	0.31	0.26	0.31	0.26	0.31	0.31	0.26	0.31	0.26	0.31	0.31	0.26	
73540	TC	A	X-ray exam of pelvis & hips	0.00	0.59	0.59	0.59	0.59	0.03	0.03	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	
73550		A	X-ray exam of thigh	0.17	0.63	0.67	0.63	0.67	0.04	0.04	0.84	0.88	0.84	0.88	0.84	0.88	0.88	0.84	0.88	0.84	0.88	0.88	0.84	
73550	26	A	X-ray exam of thigh	0.17	0.04	0.08	0.04	0.08	0.01	0.01	0.22	0.26	0.22	0.26	0.22	0.26	0.26	0.22	0.26	0.22	0.26	0.26	0.22	
73550	TC	A	X-ray exam of thigh	0.00	0.59	0.59	0.59	0.59	0.03	0.03	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	
73560		A	X-ray exam of knee, 1 or 2	0.17	0.60	0.61	0.60	0.61	0.03	0.03	0.80	0.81	0.80	0.81	0.80	0.81	0.81	0.80	0.81	0.80	0.81	0.81	0.80	
73560	26	A	X-ray exam of knee, 1 or 2	0.17	0.05	0.07	0.05	0.07	0.01	0.01	0.23	0.25	0.23	0.25	0.23	0.25	0.25	0.23	0.25	0.23	0.25	0.25	0.23	
73560	TC	A	X-ray exam of knee, 1 or 2	0.00	0.55	0.54	0.55	0.54	0.02	0.02	0.57	0.56	0.57	0.56	0.57	0.56	0.56	0.57	0.56	0.57	0.56	0.56	0.57	
73562		A	X-ray exam of knee, 3	0.18	0.64	0.68	0.64	0.68	0.04	0.04	0.86	0.90	0.86	0.90	0.86	0.90	0.90	0.86	0.90	0.86	0.90	0.90	0.86	
73562	26	A	X-ray exam of knee, 3	0.18	0.05	0.09	0.05	0.09	0.01	0.01	0.24	0.28	0.24	0.28	0.24	0.28	0.28	0.24	0.28	0.24	0.28	0.28	0.24	
73562	TC	A	X-ray exam of knee, 3	0.00	0.59	0.59	0.59	0.59	0.03	0.03	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	
73564		A	X-ray exam of knee, 4+	0.22	0.70	0.74	0.70	0.74	0.05	0.05	0.97	1.01	0.97	1.01	0.97	1.01	1.01	0.97	1.01	0.97	1.01	1.01	0.97	
73564	26	A	X-ray exam of knee, 4+	0.22	0.06	0.10	0.06	0.10	0.02	0.02	0.30	0.34	0.30	0.34	0.30	0.34	0.34	0.30	0.34	0.30	0.34	0.34	0.30	
73564	TC	A	X-ray exam of knee, 4+	0.00	0.64	0.64	0.64	0.64	0.03	0.03	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	
73565		A	X-ray exam of knee	0.17	0.56	0.58	0.56	0.58	0.03	0.03	0.76	0.78	0.76	0.78	0.76	0.78	0.78	0.76	0.78	0.76	0.78	0.78	0.76	
73565	26	A	X-ray exam of knee	0.17	0.05	0.07	0.05	0.07	0.01	0.01	0.23	0.25	0.23	0.25	0.23	0.25	0.25	0.23	0.25	0.23	0.25	0.25	0.23	
73565	TC	A	X-ray exam of knee	0.00	0.51	0.51	0.51	0.51	0.02	0.02	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	
73580		A	Contrast x-ray of knee joint	0.54	2.87	2.96	2.87	2.96	0.16	0.16	3.57	3.66	3.57	3.66	3.57	3.66	3.66	3.57	3.66	3.57	3.66	3.66	3.57	



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitional Non-facility		Transitional Facility		Mal- practice RVUs	Transitional Non- facility		Transitional Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs		practice RVUs	expense RVUs	practice RVUs	expense RVUs	
73580	26	A	Contrast x-ray of knee joint	0.54	0.14	0.24	0.14	0.24	0.24	0.24	0.03	0.71	0.81	0.71	0.81	XXX
73580	TC	A	Contrast x-ray of knee joint	0.00	2.73	2.72	2.73	2.72	2.72	2.72	0.13	2.86	2.85	2.86	2.85	XXX
73590		A	X-ray exam of lower leg	0.17	0.59	0.61	0.59	0.61	0.61	0.61	0.03	0.79	0.81	0.79	0.81	XXX
73590	26	A	X-ray exam of lower leg	0.17	0.04	0.07	0.04	0.07	0.07	0.07	0.01	0.22	0.25	0.22	0.25	XXX
73590	TC	A	X-ray exam of lower leg	0.00	0.55	0.54	0.55	0.54	0.54	0.54	0.02	0.57	0.56	0.57	0.56	XXX
73592		A	X-ray exam of leg, infant	0.16	0.55	0.58	0.55	0.58	0.58	0.58	0.03	0.74	0.77	0.74	0.77	XXX
73592	26	A	X-ray exam of leg, infant	0.16	0.04	0.07	0.04	0.07	0.07	0.07	0.01	0.21	0.24	0.21	0.24	XXX
73592	TC	A	X-ray exam of leg, infant	0.00	0.51	0.51	0.51	0.51	0.51	0.51	0.02	0.53	0.53	0.53	0.53	XXX
73600		A	X-ray exam of ankle	0.16	0.55	0.58	0.55	0.58	0.58	0.58	0.03	0.74	0.77	0.74	0.77	XXX
73600	26	A	X-ray exam of ankle	0.16	0.04	0.07	0.04	0.07	0.07	0.07	0.01	0.21	0.24	0.21	0.24	XXX
73600	TC	A	X-ray exam of ankle	0.00	0.51	0.51	0.51	0.51	0.51	0.51	0.02	0.53	0.53	0.53	0.53	XXX
73610		A	X-ray exam of ankle	0.17	0.60	0.63	0.60	0.63	0.63	0.63	0.03	0.80	0.83	0.80	0.83	XXX
73610	26	A	X-ray exam of ankle	0.17	0.04	0.08	0.04	0.08	0.08	0.08	0.01	0.22	0.26	0.22	0.26	XXX
73610	TC	A	X-ray exam of ankle	0.00	0.56	0.55	0.56	0.55	0.55	0.55	0.02	0.58	0.57	0.58	0.57	XXX
73615		A	Contrast x-ray of ankle	0.54	2.35	2.42	2.35	2.42	2.42	2.42	0.13	3.02	3.09	3.02	3.09	XXX
73615	26	A	Contrast x-ray of ankle	0.54	0.17	0.25	0.17	0.25	0.25	0.25	0.03	0.74	0.82	0.74	0.82	XXX
73615	TC	A	Contrast x-ray of ankle	0.00	2.18	2.17	2.18	2.17	2.17	2.17	0.10	2.28	2.27	2.28	2.27	XXX
73620		A	X-ray exam of foot	0.16	0.55	0.58	0.55	0.58	0.58	0.58	0.03	0.74	0.77	0.74	0.77	XXX
73620	26	A	X-ray exam of foot	0.16	0.04	0.07	0.04	0.07	0.07	0.07	0.01	0.21	0.24	0.21	0.24	XXX
73620	TC	A	X-ray exam of foot	0.00	0.51	0.51	0.51	0.51	0.51	0.51	0.02	0.53	0.53	0.53	0.53	XXX
73630		A	X-ray exam of foot	0.17	0.60	0.63	0.60	0.63	0.63	0.63	0.03	0.80	0.83	0.80	0.83	XXX
73630	26	A	X-ray exam of foot	0.17	0.04	0.08	0.04	0.08	0.08	0.08	0.01	0.22	0.26	0.22	0.26	XXX
73630	TC	A	X-ray exam of foot	0.00	0.56	0.55	0.56	0.55	0.55	0.55	0.02	0.58	0.57	0.58	0.57	XXX
73650		A	X-ray exam of heel	0.16	0.53	0.56	0.53	0.56	0.56	0.56	0.03	0.72	0.75	0.72	0.75	XXX
73650	26	A	X-ray exam of heel	0.16	0.04	0.07	0.04	0.07	0.07	0.07	0.01	0.21	0.24	0.21	0.24	XXX
73650	TC	A	X-ray exam of heel	0.00	0.49	0.49	0.49	0.49	0.49	0.49	0.02	0.51	0.51	0.51	0.51	XXX
73660		A	X-ray exam of toe(s)	0.13	0.47	0.49	0.47	0.49	0.49	0.49	0.03	0.63	0.65	0.63	0.65	XXX
73660	26	A	X-ray exam of toe(s)	0.13	0.03	0.06	0.03	0.06	0.06	0.06	0.01	0.17	0.20	0.17	0.20	XXX
73660	TC	A	X-ray exam of toe(s)	0.00	0.44	0.43	0.44	0.43	0.43	0.43	0.02	0.46	0.45	0.46	0.45	XXX
73700		A	CAT scan of leg	1.09	5.44	5.60	5.44	5.60	5.60	5.60	0.28	6.81	6.97	6.81	6.97	XXX
73700	26	A	CAT scan of leg	1.09	0.29	0.46	0.29	0.46	0.46	0.46	0.05	1.43	1.60	1.43	1.60	XXX
73700	TC	A	CAT scan of leg	0.00	5.15	5.14	5.15	5.14	5.14	5.14	0.23	5.38	5.37	5.38	5.37	XXX
73701		A	Contrast CAT scan of leg	1.16	6.44	6.61	6.44	6.61	6.61	6.61	0.34	7.94	8.11	7.94	8.11	XXX
73701	26	A	Contrast CAT scan of leg	1.16	0.31	0.49	0.31	0.49	0.49	0.49	0.06	1.53	1.71	1.53	1.71	XXX
73701	TC	A	Contrast CAT scan of leg	0.00	6.13	6.12	6.13	6.12	6.12	6.12	0.28	6.41	6.40	6.41	6.40	XXX
73702		A	Contrast CAT scans of leg	1.22	8.04	8.21	8.04	8.21	8.21	8.21	0.41	9.67	9.84	9.67	9.84	XXX
73702	26	A	Contrast CAT scans of leg	1.22	0.33	0.52	0.33	0.52	0.52	0.52	0.06	1.61	1.80	1.61	1.80	XXX
73702	TC	A	Contrast CAT scans of leg	0.00	7.71	7.69	7.71	7.69	7.69	7.69	0.35	8.06	8.04	8.06	8.04	XXX
73720		A	Magnetic image, leg, foot	1.48	12.02	12.24	12.02	12.24	12.24	12.24	0.60	14.10	14.32	14.10	14.32	XXX
73720	26	A	Magnetic image, leg, foot	1.48	0.39	0.64	0.39	0.64	0.64	0.64	0.08	1.95	2.20	1.95	2.20	XXX

1 CPT codes and descriptions only are copyright 1998 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.  
 2 Copyright 1994 American Dental Association. All rights reserved.  
 3 \*Indicates RVUs are not used for Medicare payment.



## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	practice expense RVUs	practice expense RVUs	mal- practice expense RVUs	Non- facility		Facility		Global	
								Total	RVUs	Total	RVUs		
73720	TC	A	Magnetic image, leg, foot	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.12	XXX
73721		A	Magnetic image, joint of leg	1.48	12.03	12.05	12.03	12.05	0.57	14.08	14.10	14.10	XXX
73721	26	A	Magnetic image, joint of leg	1.48	0.40	0.45	0.40	0.45	0.05	1.93	1.98	1.98	XXX
73721	TC	A	Magnetic image, joint of leg	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.12	XXX
73725		R	Magnetic imaging/lower (MRA)	1.82	12.12	12.26	12.12	12.26	0.60	14.54	14.68	14.68	XXX
73725	26	R	Magnetic imaging/lower (MRA)	1.82	0.49	0.66	0.49	0.66	0.08	2.39	2.56	2.56	XXX
73725	TC	R	Magnetic imaging/lower (MRA)	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.12	XXX
74000		A	X-ray exam of abdomen	0.18	0.60	0.62	0.60	0.62	0.03	0.81	0.83	0.83	XXX
74000	26	A	X-ray exam of abdomen	0.18	0.05	0.08	0.05	0.08	0.01	0.24	0.27	0.27	XXX
74000	TC	A	X-ray exam of abdomen	0.00	0.55	0.54	0.55	0.54	0.02	0.57	0.56	0.56	XXX
74010		A	X-ray exam of abdomen	0.23	0.65	0.70	0.65	0.70	0.05	0.93	0.98	0.98	XXX
74010	26	A	X-ray exam of abdomen	0.23	0.06	0.11	0.06	0.11	0.02	0.31	0.36	0.36	XXX
74010	TC	A	X-ray exam of abdomen	0.00	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	XXX
74020		A	X-ray exam of abdomen	0.27	0.71	0.76	0.71	0.76	0.05	1.03	1.08	1.08	XXX
74020	26	A	X-ray exam of abdomen	0.27	0.07	0.12	0.07	0.12	0.02	0.36	0.41	0.36	XXX
74020	TC	A	X-ray exam of abdomen	0.00	0.64	0.64	0.64	0.64	0.03	0.67	0.67	0.67	XXX
74022		A	X-ray exam series, abdomen	0.32	0.83	0.90	0.83	0.90	0.06	1.21	1.28	1.28	XXX
74022	26	A	X-ray exam series, abdomen	0.32	0.08	0.14	0.08	0.14	0.02	0.42	0.48	0.48	XXX
74022	TC	A	X-ray exam series, abdomen	0.00	0.75	0.76	0.75	0.76	0.04	0.79	0.80	0.80	XXX
74150		A	CAT scan of abdomen	1.19	6.19	6.36	6.19	6.36	0.33	7.71	7.88	7.71	XXX
74150	26	A	CAT scan of abdomen	1.19	0.32	0.50	0.32	0.50	0.06	1.57	1.75	1.57	XXX
74150	TC	A	CAT scan of abdomen	0.00	5.87	5.86	5.87	5.86	0.27	6.14	6.13	6.13	XXX
74160		A	Contrast CAT scan of abdomen	1.27	7.44	7.63	7.44	7.63	0.39	9.10	9.29	9.29	XXX
74160	26	A	Contrast CAT scan of abdomen	1.27	0.34	0.54	0.34	0.54	0.07	1.68	1.88	1.68	XXX
74160	TC	A	Contrast CAT scan of abdomen	0.00	7.10	7.09	7.10	7.09	0.32	7.42	7.41	7.42	XXX
74170		A	Contrast CAT scans, abdomen	1.40	9.17	9.39	9.17	9.39	0.47	11.04	11.26	11.04	XXX
74170	26	A	Contrast CAT scans, abdomen	1.40	0.37	0.60	0.37	0.60	0.08	1.85	2.08	1.85	XXX
74170	TC	A	Contrast CAT scans, abdomen	0.00	8.80	8.79	8.80	8.79	0.39	9.19	9.18	9.19	XXX
74181		A	Magnetic image,abdomen (MRI)	1.60	12.06	12.29	12.06	12.29	0.61	14.27	14.50	14.50	XXX
74181	26	A	Magnetic image,abdomen (MRI)	1.60	0.43	0.69	0.43	0.69	0.09	2.12	2.38	2.12	XXX
74181	TC	A	Magnetic image,abdomen (MRI)	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	XXX
74185		R	Magnetic image/abdomen (MRA)	1.80	12.31	12.36	12.31	12.36	0.61	14.72	14.77	14.72	XXX
74185	26	R	Magnetic image/abdomen (MRA)	1.80	0.68	0.76	0.68	0.76	0.09	2.57	2.65	2.57	XXX
74185	TC	R	Magnetic image/abdomen (MRA)	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	XXX
74190		A	X-ray exam of peritoneum	0.48	1.46	1.49	1.46	1.49	0.08	2.02	2.05	2.02	XXX
74190	26	A	X-ray exam of peritoneum	0.48	0.12	0.14	0.12	0.14	0.02	0.62	0.64	0.62	XXX
74190	TC	A	X-ray exam of peritoneum	0.00	1.34	1.35	1.34	1.35	0.06	1.40	1.41	1.40	XXX
74210		A	Contrast xray exam of throat	0.36	1.32	1.38	1.32	1.38	0.07	1.75	1.81	1.75	XXX
74210	26	A	Contrast xray exam of throat	0.36	0.09	0.15	0.09	0.15	0.02	0.47	0.53	0.47	XXX
74210	TC	A	Contrast xray exam of throat	0.00	1.23	1.23	1.23	1.23	0.05	1.28	1.28	1.28	XXX

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 3 Indicates RVUs are not used for Medicare payment.



CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility			Transitioned			Facility			Transitioned			Facility			Global
					practice expense	RVUs	Non-facility practice expense	RVUs	Facility practice expense	RVUs	Mal- practice RVUs	Non- facility	Total	Non- facility	Total	Facility	Total	Transitioned Facility		
																			Total	
74220		A	Contrast xray exam,esophagus	0.46	1.35	1.43	1.35	1.43	0.07	1.88	1.96	1.88	1.96	1.88	1.96	1.96	1.88	1.96	XXX	
74220	26	A	Contrast xray exam,esophagus	0.46	0.12	0.20	0.12	0.20	0.02	0.60	0.68	0.60	0.68	0.60	0.68	0.68	0.60	0.68	XXX	
74220	TC	A	Contrast xray exam,esophagus	0.00	1.23	1.23	1.23	1.23	0.05	1.28	1.28	1.28	1.28	1.28	1.28	1.28	1.28	1.28	XXX	
74230		A	Cinema xray throat/esophagus	0.53	1.48	1.59	1.48	1.59	0.09	2.10	2.21	2.10	2.21	2.10	2.21	2.21	2.10	2.21	XXX	
74230	26	A	Cinema xray throat/esophagus	0.53	0.14	0.24	0.14	0.24	0.03	0.70	0.80	0.70	0.80	0.70	0.80	0.80	0.70	0.80	XXX	
74230	TC	A	Cinema xray throat/esophagus	0.00	1.34	1.35	1.34	1.35	0.06	1.40	1.41	1.40	1.41	1.40	1.41	1.41	1.40	1.41	XXX	
74235		A	Remove esophagus obstruction	1.19	3.08	3.23	3.08	3.23	0.19	4.46	4.61	4.46	4.61	4.46	4.61	4.61	4.46	4.61	XXX	
74235	26	A	Remove esophagus obstruction	1.19	0.35	0.51	0.35	0.51	0.06	1.60	1.76	1.60	1.76	1.60	1.76	1.76	1.60	1.76	XXX	
74235	TC	A	Remove esophagus obstruction	0.00	2.73	2.72	2.73	2.72	0.13	2.86	2.85	2.86	2.85	2.86	2.85	2.85	2.86	2.85	XXX	
74240		A	X-ray exam upper GI tract	0.69	1.71	1.82	1.71	1.82	0.11	2.51	2.62	2.51	2.62	2.51	2.62	2.62	2.51	2.62	XXX	
74240	26	A	X-ray exam upper GI tract	0.69	0.19	0.31	0.19	0.31	0.04	0.92	1.04	0.92	1.04	0.92	1.04	1.04	0.92	1.04	XXX	
74240	TC	A	X-ray exam upper GI tract	0.00	1.52	1.51	1.52	1.51	0.07	1.59	1.58	1.59	1.58	1.59	1.58	1.58	1.59	1.58	XXX	
74241		A	X-ray exam upper GI tract	0.69	1.74	1.85	1.74	1.85	0.11	2.54	2.65	2.54	2.65	2.54	2.65	2.65	2.54	2.65	XXX	
74241	26	A	X-ray exam upper GI tract	0.69	0.19	0.31	0.19	0.31	0.04	0.92	1.04	0.92	1.04	0.92	1.04	1.04	0.92	1.04	XXX	
74241	TC	A	X-ray exam upper GI tract	0.00	1.55	1.54	1.55	1.54	0.07	1.62	1.61	1.62	1.61	1.62	1.61	1.61	1.62	1.61	XXX	
74245		A	X-ray exam upper GI tract	0.91	2.72	2.86	2.72	2.86	0.17	3.80	3.94	3.80	3.94	3.80	3.94	3.94	3.80	3.94	XXX	
74245	26	A	X-ray exam upper GI tract	0.91	0.24	0.39	0.24	0.39	0.05	1.20	1.35	1.20	1.35	1.20	1.35	1.35	1.20	1.35	XXX	
74245	TC	A	X-ray exam upper GI tract	0.00	2.48	2.47	2.48	2.47	0.12	2.60	2.59	2.60	2.59	2.60	2.59	2.59	2.60	2.59	XXX	
74246		A	Contrast xray upper GI tract	0.69	1.89	2.01	1.89	2.01	0.12	2.70	2.82	2.70	2.82	2.70	2.82	2.82	2.70	2.82	XXX	
74246	26	A	Contrast xray upper GI tract	0.69	0.19	0.31	0.19	0.31	0.04	0.92	1.04	0.92	1.04	0.92	1.04	1.04	0.92	1.04	XXX	
74246	TC	A	Contrast xray upper GI tract	0.00	1.70	1.70	1.70	1.70	0.08	1.78	1.78	1.78	1.78	1.78	1.78	1.78	1.78	1.78	XXX	
74247		A	Contrast																	

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## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	
74280	26	A	Contrast x-ray exam of colon	0.99	0.27	0.44	0.27	0.44	0.27	0.27	0.44	0.27	0.05	0.05	1.31	1.48	1.48	1.31	1.31	1.48	1.48	1.48	XXX
74280	TC	A	Contrast x-ray exam of colon	0.00	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.42	0.11	0.11	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42	XXX
74283		A	Contrast x-ray exam of colon	2.02	3.19	3.52	3.19	3.52	3.19	3.19	3.52	5.78	0.24	0.24	5.45	5.78	5.78	5.45	5.45	5.78	5.78	5.78	XXX
74283	26	A	Contrast x-ray exam of colon	2.02	0.54	0.87	0.54	0.87	0.54	0.54	0.87	3.00	0.11	0.11	2.67	3.00	3.00	2.67	2.67	3.00	3.00	3.00	XXX
74283	TC	A	Contrast x-ray exam of colon	0.00	2.65	2.65	2.65	2.65	2.65	2.65	2.65	2.78	0.13	0.13	2.78	2.78	2.78	2.78	2.78	2.78	2.78	2.78	XXX
74290		A	Contrast x-ray, gallbladder	0.32	0.83	0.90	0.83	0.90	0.83	0.83	0.90	1.21	0.06	0.06	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	XXX
74290	26	A	Contrast x-ray, gallbladder	0.32	0.08	0.14	0.08	0.14	0.08	0.08	0.14	0.42	0.02	0.02	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	XXX
74290	TC	A	Contrast x-ray, gallbladder	0.00	0.75	0.76	0.75	0.76	0.75	0.75	0.76	0.79	0.04	0.04	0.79	0.79	0.80	0.79	0.79	0.80	0.80	0.80	XXX
74291		A	Contrast x-rays, gallbladder	0.20	0.49	0.52	0.49	0.52	0.49	0.49	0.52	0.75	0.03	0.03	0.72	0.75	0.75	0.72	0.72	0.75	0.75	0.75	XXX
74291	26	A	Contrast x-rays, gallbladder	0.20	0.05	0.09	0.05	0.09	0.05	0.05	0.09	0.26	0.01	0.01	0.26	0.26	0.30	0.26	0.26	0.30	0.30	0.30	XXX
74291	TC	A	Contrast x-rays, gallbladder	0.00	0.44	0.43	0.44	0.43	0.44	0.44	0.43	0.46	0.02	0.02	0.46	0.46	0.45	0.46	0.46	0.45	0.45	0.45	XXX
74300		C	X-ray bile ducts, pancreas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74300	26	A	X-ray bile ducts, pancreas	0.36	0.09	0.16	0.09	0.16	0.09	0.09	0.16	0.47	0.02	0.02	0.47	0.47	0.54	0.47	0.47	0.54	0.54	0.54	XXX
74300	TC	C	X-ray bile ducts, pancreas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74301		C	X-rays at surgery add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
74301	26	A	X-rays at surgery add-on	0.21	0.05	0.10	0.05	0.10	0.05	0.05	0.10	0.27	0.01	0.01	0.27	0.27	0.32	0.27	0.27	0.32	0.32	0.32	ZZZ
74301	TC	C	X-rays at surgery add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
74305		A	X-ray bile ducts, pancreas	0.42	0.93	1.00	0.93	1.00	0.93	0.93	1.00	1.41	0.06	0.06	1.41	1.41	1.48	1.41	1.41	1.48	1.48	1.48	XXX
74305	26	A	X-ray bile ducts, pancreas	0.42	0.11	0.19	0.11	0.19	0.11	0.11	0.19	0.63	0.02	0.02	0.55	0.63	0.63	0.55	0.55	0.63	0.63	0.63	XXX
74305	TC	A	X-ray bile ducts, pancreas	0.00	0.82	0.81	0.82	0.81	0.82	0.82	0.81	0.86	0.04	0.04	0.86	0.86	0.85	0.86	0.86	0.85	0.85	0.85	XXX
74320		A	Contrast x-ray of bile ducts	0.54	3.40	3.50	3.40	3.50	3.40	3.40	3.50	4.12	0.18	0.18	4.12	4.12	4.22	4.12	4.12	4.22	4.22	4.22	XXX
74320	26	A	Contrast x-ray of bile ducts	0.54	0.14	0.24	0.14	0.24	0.14	0.14	0.24	0.71	0.03	0.03	0.71	0.71	0.81	0.71	0.71	0.81	0.81	0.81	XXX
74320	TC	A	Contrast x-ray of bile ducts	0.00	3.26	3.26	3.26	3.26	3.26	3.26	3.26	3.41	0.15	0.15	3.41	3.41	3.41	3.41	3.41	3.41	3.41	3.41	XXX
74327		A	X-ray for bile stone removal	0.70	2.02	2.13	2.02	2.13	2.02	2.02	2.13	2.85	0.13	0.13	2.85	2.85	2.96	2.85	2.85	2.96	2.96	2.96	XXX
74327	26	A	X-ray for bile stone removal	0.70	0.19	0.31	0.19	0.31	0.19	0.19	0.31	0.93	0.04	0.04	0.93	0.93	1.05	0.93	0.93	1.05	1.05	1.05	XXX
74327	TC	A	X-ray for bile stone removal	0.00	1.83	1.82	1.83	1.82	1.83	1.83	1.82	1.91	0.09	0.09	1.92	1.91	1.91	1.92	1.92	1.91	1.91	1.91	XXX
74328		A	X-ray for bile duct endoscopy	0.70	3.45	3.57	3.45	3.57	3.45	3.45	3.57	4.34	0.19	0.19	4.34	4.34	4.46	4.34	4.34	4.46	4.46	4.46	XXX
74328	26	A	X-ray for bile duct endoscopy	0.70	0.19	0.31	0.19	0.31	0.19	0.19	0.31	0.93	0.04	0.04	0.93	0.93	1.05	0.93	0.93	1.05	1.05	1.05	XXX
74328	TC	A	X-ray for bile duct endoscopy	0.00	3.26	3.26	3.26	3.26	3.26	3.26	3.26	3.41	0.15	0.15	3.41	3.41	3.41	3.41	3.41	3.41	3.41	3.41	XXX
74329		A	X-ray for pancreas endoscopy	0.70	3.45	3.57	3.45	3.57	3.45	3.45	3.57	4.34	0.19	0.19	4.34	4.34	4.46	4.34	4.34	4.46	4.46	4.46	XXX
74329	26	A	X-ray for pancreas endoscopy	0.70	0.19	0.31	0.19	0.31	0.19	0.19	0.31	0.93	0.04	0.04	0.93	0.93	1.05	0.93	0.93	1.05	1.05	1.05	XXX
74329	TC	A	X-ray for pancreas endoscopy	0.00	3.26	3.26	3.26	3.26	3.26	3.26	3.26	3.41	0.15	0.15	3.41	3.41	3.41	3.41	3.41	3.41	3.41	3.41	XXX
74330		A	X-ray bile/pancreas endoscopy	0.90	3.50	3.58	3.50	3.58	3.50	3.50	3.58	4.59	0.19	0.19	4.59	4.59	4.67	4.59	4.59	4.67	4.67	4.67	XXX
74330	26	A	X-ray bile/pancreas endoscopy	0.90	0.24	0.32	0.24	0.32	0.24	0.24	0.32	1.18	0.04	0.04	1.18	1.18	1.26	1.18	1.18	1.26	1.26	1.26	XXX
74330	TC	A	X-ray bile/pancreas endoscopy	0.00	3.26	3.26	3.26	3.26	3.26	3.26	3.26	3.41	0.15	0.15	3.41	3.41	3.41	3.41	3.41	3.41	3.41	3.41	XXX
74340		A	X-ray guide for GI tube	0.54	2.87	2.96	2.87	2.96	2.87	2.87	2.96	3.66	0.16	0.16	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	XXX
74340	26	A	X-ray guide for GI tube	0.54	0.14	0.24	0.14	0.24	0.14	0.14	0.24	0.81	0.03	0.03	0.81	0.81	0.81	0.81	0.81	0.81	0.81	0.81	XXX
74340	TC	A	X-ray guide for GI tube	0.00	2.73	2.72	2.73	2.72	2.73	2.73	2.72	2.86	0.13	0.13	2.86	2.86	2.85	2.86	2.86	2.85	2.85	2.85	XXX
74350		A	X-ray guide, stomach tube	0.76	3.47	3.60	3.47	3.60	3.47	3.47	3.60	4.42	0.19	0.19	4.42	4.42	4.55	4.42	4.42	4.55	4.55	4.55	XXX
74350	26	A	X-ray guide, stomach tube	0.76	0.21	0.34	0.21	0.34	0.21	0.21	0.34	1.01	0.04	0.04	1.01	1.01	1.14	1.01	1.01	1.14	1.14	1.14	XXX

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3 \*Indicates RVUs are not used for Medicare payment.



CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Facility		Transitioned Non- facility		Transitioned Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	Total	Total	
74350 TC	A	A	X-ray guide, stomach tube	0.00	3.26	3.26	3.26	3.26	0.15	3.41	3.41	3.41	XXX
74355	A	A	X-ray guide, intestinal tube	0.76	2.94	3.06	2.94	3.06	0.17	3.87	3.99	3.87	XXX
74355 26	A	A	X-ray guide, intestinal tube	0.76	0.21	0.34	0.21	0.34	0.04	1.01	1.14	1.01	XXX
74355 TC	A	A	X-ray guide, intestinal tube	0.00	2.73	2.72	2.73	2.72	0.13	2.86	2.85	2.86	XXX
74360	A	A	X-ray guide, GI dilation	0.54	3.44	3.51	3.44	3.51	0.18	4.16	4.23	4.16	XXX
74360 26	A	A	X-ray guide, GI dilation	0.54	0.18	0.25	0.18	0.25	0.03	0.75	0.82	0.75	XXX
74360 TC	A	A	X-ray guide, GI dilation	0.00	3.26	3.26	3.26	3.26	0.15	3.41	3.41	3.41	XXX
74363	A	A	X-ray, bile duct dilation	0.88	6.57	6.70	6.57	6.70	0.34	7.79	7.92	7.79	XXX
74363 26	A	A	X-ray, bile duct dilation	0.88	0.24	0.38	0.24	0.38	0.05	1.17	1.31	1.17	XXX
74363 TC	A	A	X-ray, bile duct dilation	0.00	6.33	6.32	6.33	6.32	0.29	6.62	6.61	6.62	XXX
74400	A	A	Contrast x-ray urinary tract	0.49	1.87	1.95	1.87	1.95	0.11	2.47	2.55	2.47	XXX
74400 26	A	A	Contrast x-ray urinary tract	0.49	0.13	0.21	0.13	0.21	0.02	0.64	0.72	0.64	XXX
74400 TC	A	A	Contrast x-ray urinary tract	0.00	1.74	1.74	1.74	1.74	0.09	1.83	1.83	1.83	XXX
74405	D	D	Contrast x-ray urinary tract	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74405 26	D	D	Contrast x-ray urinary tract	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74405 TC	D	D	Contrast x-ray urinary tract	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74410	A	A	Contrast x-ray urinary tract	0.49	2.15	2.23	2.15	2.23	0.11	2.75	2.83	2.75	XXX
74410 26	A	A	Contrast x-ray urinary tract	0.49	0.13	0.21	0.13	0.21	0.02	0.64	0.72	0.64	XXX
74410 TC	A	A	Contrast x-ray urinary tract	0.00	2.02	2.02	2.02	2.02	0.09	2.11	2.11	2.11	XXX
74415	A	A	Contrast x-ray urinary tract	0.49	2.33	2.40	2.33	2.40	0.12	2.94	3.01	2.94	XXX
74415 26	A	A	Contrast x-ray urinary tract	0.49	0.13	0.21	0.13	0.21	0.02	0.64	0.72	0.64	XXX
74415 TC	A	A	Contrast x-ray urinary tract	0.00	2.20	2.19	2.20	2.19	0.10	2.30	2.29	2.30	XXX
74420	A	A	Contrast x-ray urinary tract	0.36	2.83	2.87	2.83	2.87	0.15	3.34	3.38	3.34	XXX
74420 26	A	A	Contrast x-ray urinary tract	0.36	0.10	0.15	0.10	0.15	0.02	0.48	0.53	0.48	XXX
74420 TC	A	A	Contrast x-ray urinary tract	0.00	2.73	2.72	2.73	2.72	0.13	2.86	2.85	2.86	XXX
74425	A	A	Contrast x-ray urinary tract	0.36	1.43	1.50	1.43	1.50	0.08	1.87	1.94	1.87	XXX
74425 26	A	A	Contrast x-ray urinary tract	0.36	0.09	0.15	0.09	0.15	0.02	0.47	0.53	0.47	XXX
74425 TC	A	A	Contrast x-ray urinary tract	0.00	1.34	1.35	1.34	1.35	0.06	1.40	1.41	1.40	XXX
74430	A	A	Contrast x-ray of bladder	0.32	1.16	1.23	1.16	1.23	0.07	1.55	1.62	1.55	XXX
74430 26	A	A	Contrast x-ray of bladder	0.32	0.08	0.14	0.08	0.14	0.02	0.42	0.48	0.42	XXX
74430 TC	A	A	Contrast x-ray of bladder	0.00	1.08	1.09	1.08	1.09	0.05	1.13	1.14	1.13	XXX
74440	A	A	Xray exam male genital tract	0.38	1.28	1.33	1.28	1.33	0.07	1.73	1.78	1.73	XXX
74440 26	A	A	Xray exam male genital tract	0.38	0.10	0.16	0.10	0.16	0.02	0.50	0.56	0.50	XXX
74440 TC	A	A	Xray exam male genital tract	0.00	1.18	1.17	1.18	1.17	0.05	1.23	1.22	1.23	XXX
74445	A	A	X-ray exam of penis	1.14	1.52	1.66	1.52	1.66	0.11	2.77	2.91	2.77	XXX
74445 26	A	A	X-ray exam of penis	1.14	0.34	0.49	0.34	0.49	0.06	1.54	1.69	1.54	XXX
74445 TC	A	A	X-ray exam of penis	0.00	1.18	1.17	1.18	1.17	0.05	1.23	1.22	1.23	XXX
74450	A	A	X-ray exam urethra/bladder	0.33	1.61	1.65	1.61	1.65	0.09	2.03	2.07	2.03	XXX
74450 26	A	A	X-ray exam urethra/bladder	0.33	0.09	0.14	0.09	0.14	0.02	0.44	0.49	0.44	XXX
74450 TC	A	A	X-ray exam urethra/bladder	0.00	1.52	1.51	1.52	1.51	0.07	1.59	1.58	1.59	XXX



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned		Facility		Transitioned		Facility		Transitioned		Global	
					practice expense	RVUs	Non-facility practice expense	RVUs	Facility practice expense	RVUs	Facility practice expense	RVUs	Mal- practice RVUs	Non- facility Total	Non- facility Total	Facility Total		Facility Total
74455		A	X-ray exam urethra/bladder	0.33	1.72	1.77	1.72	1.77	1.77	0.10	2.15	2.20	2.15	2.20	2.15	2.20	XXX	
74455	26	A	X-ray exam urethra/bladder	0.33	0.09	0.14	0.09	0.14	0.14	0.02	0.44	0.49	0.44	0.49	0.44	0.49	XXX	
74455	TC	A	X-ray exam urethra/bladder	0.00	1.63	1.63	1.63	1.63	1.63	0.08	1.71	1.71	1.71	1.71	1.71	1.71	XXX	
74470		A	X-ray exam of kidney lesion	0.54	1.44	1.53	1.44	1.53	1.53	0.09	2.07	2.16	2.07	2.16	2.07	2.16	XXX	
74470	26	A	X-ray exam of kidney lesion	0.54	0.14	0.24	0.14	0.24	0.24	0.03	0.71	0.81	0.71	0.81	0.71	0.81	XXX	
74470	TC	A	X-ray exam of kidney lesion	0.00	1.30	1.29	1.30	1.29	1.29	0.06	1.36	1.35	1.36	1.35	1.36	1.35	XXX	
74475		A	Xray control catheter insert	0.54	4.36	4.45	4.36	4.45	4.45	0.23	5.13	5.22	5.13	5.22	5.13	5.22	XXX	
74475	26	A	Xray control catheter insert	0.54	0.14	0.24	0.14	0.24	0.24	0.03	0.71	0.81	0.71	0.81	0.71	0.81	XXX	
74475	TC	A	Xray control catheter insert	0.00	4.22	4.21	4.22	4.21	4.21	0.20	4.42	4.41	4.42	4.41	4.42	4.41	XXX	
74480		A	Xray control catheter insert	0.54	4.36	4.45	4.36	4.45	4.45	0.23	5.13	5.22	5.13	5.22	5.13	5.22	XXX	
74480	26	A	Xray control catheter insert	0.54	0.14	0.24	0.14	0.24	0.24	0.03	0.71	0.81	0.71	0.81	0.71	0.81	XXX	
74480	TC	A	Xray control catheter insert	0.00	4.22	4.21	4.22	4.21	4.21	0.20	4.42	4.41	4.42	4.41	4.42	4.41	XXX	
74485		A	X-ray guide, GU dilation	0.54	3.40	3.50	3.40	3.50	3.50	0.18	4.12	4.22	4.12	4.22	4.12	4.22	XXX	
74485	26	A	X-ray guide, GU dilation	0.54	0.14	0.24	0.14	0.24	0.24	0.03	0.71	0.81	0.71	0.81	0.71	0.81	XXX	
74485	TC	A	X-ray guide, GU dilation	0.00	3.26	3.26	3.26	3.26	3.26	0.15	3.41	3.41	3.41	3.41	3.41	3.41	XXX	
74710		A	X-ray measurement of pelvis	0.34	1.17	1.24	1.17	1.24	1.24	0.07	1.58	1.65	1.58	1.65	1.58	1.65	XXX	
74710	26	A	X-ray measurement of pelvis	0.34	0.09	0.15	0.09	0.15	0.15	0.02	0.45	0.51	0.45	0.51	0.45	0.51	XXX	
74710	TC	A	X-ray measurement of pelvis	0.00	1.08	1.09	1.08	1.09	1.09	0.05	1.13	1.14	1.13	1.14	1.13	1.14	XXX	
74740		A	X-ray female genital tract	0.38	1.44	1.51	1.44	1.51	1.51	0.08	1.90	1.97	1.90	1.97	1.90	1.97	XXX	
74740	26	A	X-ray female genital tract	0.38	0.10	0.16	0.10	0.16	0.16	0.02	0.50	0.56	0.50	0.56	0.50	0.56	XXX	
74740	TC	A	X-ray female genital tract	0.00	1.34	1.35	1.34	1.35	1.35	0.06	1.40	1.41	1.40	1.41	1.40	1.41	XXX	
74742		A	X-ray fallopian tube	0.61	3.43	3.51	3.43	3.51	3.51	0.18	4.22	4.30	4.22	4.30	4.22	4.30	XXX	
74742	26	A	X-ray fallopian tube	0.61	0.17	0.25	0.17	0.25	0.25	0.03	0.81	0.89	0.81	0.89	0.81	0.89	XXX	
74742	TC	A	X-ray fallopian tube	0.00	3.26	3.26	3.26	3.26	3.26	0.15	3.41	3.41	3.41	3.41	3.41	3.41	XXX	
74775		A	X-ray exam of perineum	0.62	1.70	1.79	1.70	1.79	1.79	0.10	2.42	2.51	2.42	2.51	2.42	2.51	XXX	
74775	26	A	X-ray exam of perineum	0.62	0.18	0.28	0.18	0.28	0.28	0.03	0.83	0.93	0.83	0.93	0.83	0.93	XXX	
74775	TC	A	X-ray exam of perineum	0.00	1.52	1.51	1.52	1.51	1.51	0.07	1.59	1.58	1.59	1.58	1.59	1.58	XXX	
75552		A	Magnetic image, myocardium	1.60	12.07	12.30	12.07	12.30	12.30	0.61	14.28	14.51	14.28	14.51	14.28	14.51	XXX	
75552	26	A	Magnetic image, myocardium	1.60	0.44	0.70	0.44	0.70	0.70	0.09	2.13	2.39	2.13	2.39	2.13	2.39	XXX	
75552	TC	A	Magnetic image, myocardium	0.00	11.63	11.60	11.63	11.60	11.60	0.52	12.15	12.12	12.15	12.12	12.15	12.12	XXX	
75553		A	Magnetic image, myocardium	2.00	12.16	12.32	12.16	12.32	12.16	0.61	14.77	14.93	14.77	14.93	14.77	14.93	XXX	
75553	26	A	Magnetic image, myocardium	2.00	0.53	0.72	0.53	0.72	0.72	0.09	2.62	2.81	2.62	2.81	2.62	2.81	XXX	
75553	TC	A	Magnetic image, myocardium	0.00	11.63	11.60	11.63	11.60	11.60	0.52	12.15	12.12	12.15	12.12	12.15	12.12	XXX	
75554		A	Cardiac MRI/function	1.83	12.21	12.33	12.21	12.33	12.21	0.61	14.65	14.77	14.65	14.77	14.65	14.77	XXX	
75554	26	A	Cardiac MRI/function	1.83	0.58	0.73	0.58	0.73	0.73	0.09	2.50	2.65	2.50	2.65	2.50	2.65	XXX	
75554	TC	A	Cardiac MRI/function	0.00	11.63	11.60	11.63	11.60	11.60	0.52	12.15	12.12	12.15	12.12	12.15	12.12	XXX	
75555		A	Cardiac MRI/limited study	1.74	12.28	12.35	12.28	12.35	12.28	0.61	14.63	14.70	14.63	14.70	14.63	14.70	XXX	
75555	26	A	Cardiac MRI/limited study	1.74	0.65	0.75	0.65	0.75	0.75	0.09	2.48	2.58	2.48	2.58	2.48	2.58	XXX	
75555	TC	A	Cardiac MRI/limited study	0.00	11.63	11.60	11.63	11.60	11.60	0.52	12.15	12.12	12.15	12.12	12.15	12.12	XXX	
75556		N	Cardiac MRI/flow mapping	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	

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3 +Indicates RVUs are not used for Medicare payment.



# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Non- facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
75600		A	Contrast x-ray exam of aorta	0.49	13.28	13.27	13.27	13.28	13.27	13.28	13.27	13.28	13.27	13.28	13.27	13.28	13.27	13.28	XXX
75600	26	A	Contrast x-ray exam of aorta	0.49	0.20	0.23	0.23	0.20	0.23	0.20	0.23	0.20	0.23	0.20	0.23	0.20	0.23	0.20	XXX
75600	TC	A	Contrast x-ray exam of aorta	0.00	13.08	13.04	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	XXX
75605		A	Contrast x-ray exam of aorta	1.14	13.44	13.54	13.54	13.44	13.54	13.44	13.54	13.44	13.54	13.44	13.54	13.44	13.54	13.44	XXX
75605	26	A	Contrast x-ray exam of aorta	1.14	0.36	0.50	0.50	0.36	0.50	0.36	0.50	0.36	0.50	0.36	0.50	0.36	0.50	0.36	XXX
75605	TC	A	Contrast x-ray exam of aorta	0.00	13.08	13.04	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	XXX
75625		A	Contrast x-ray exam of aorta	1.14	13.40	13.53	13.53	13.40	13.53	13.40	13.53	13.40	13.53	13.40	13.53	13.40	13.53	13.40	XXX
75625	26	A	Contrast x-ray exam of aorta	1.14	0.32	0.49	0.49	0.32	0.49	0.32	0.49	0.32	0.49	0.32	0.49	0.32	0.49	0.32	XXX
75625	TC	A	Contrast x-ray exam of aorta	0.00	13.08	13.04	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	XXX
75630		A	Contrast x-ray exam of aorta	1.79	14.14	14.20	14.20	14.14	14.20	14.14	14.20	14.14	14.20	14.14	14.20	14.14	14.20	14.14	XXX
75630	26	A	X-ray aorta, leg arteries	1.79	0.53	0.61	0.61	0.53	0.61	0.53	0.61	0.53	0.61	0.53	0.61	0.53	0.61	0.53	XXX
75630	TC	A	X-ray aorta, leg arteries	0.00	13.61	13.59	13.59	13.61	13.59	13.61	13.59	13.61	13.59	13.61	13.59	13.61	13.59	13.61	XXX
75650		A	Artery x-rays, head & neck	1.49	13.48	13.68	13.68	13.48	13.68	13.48	13.68	13.48	13.68	13.48	13.68	13.48	13.68	13.48	XXX
75650	26	A	Artery x-rays, head & neck	1.49	0.40	0.64	0.64	0.40	0.64	0.40	0.64	0.40	0.64	0.40	0.64	0.40	0.64	0.40	XXX
75650	TC	A	Artery x-rays, head & neck	0.00	13.08	13.04	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	XXX
75658		A	X-ray exam of arm arteries	1.31	13.56	13.63	13.63	13.56	13.63	13.56	13.63	13.56	13.63	13.56	13.63	13.56	13.63	13.56	XXX
75658	26	A	X-ray exam of arm arteries	1.31	0.48	0.59	0.59	0.48	0.59	0.48	0.59	0.48	0.59	0.48	0.59	0.48	0.59	0.48	XXX
75658	TC	A	X-ray exam of arm arteries	0.00	13.08	13.04	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	XXX
75660		A	Artery x-rays, head & neck	1.31	13.46	13.61	13.61	13.46	13.61	13.46	13.61	13.46	13.61	13.46	13.61	13.46	13.61	13.46	XXX
75660	26	A	Artery x-rays, head & neck	1.31	0.38	0.57	0.57	0.38	0.57	0.38	0.57	0.38	0.57	0.38	0.57	0.38	0.57	0.38	XXX
75660	TC	A	Artery x-rays, head & neck	0.00	13.08	13.04	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	XXX
75662		A	Artery x-rays, head & neck	1.66	13.61	13.77	13.77	13.61	13.77	13.61	13.77	13.61	13.77	13.61	13.77	13.61	13.77	13.61	XXX
75662	26	A	Artery x-rays, head & neck	1.66	0.53	0.73	0.73	0.53	0.73	0.53	0.73	0.53	0.73	0.53	0.73	0.53	0.73	0.53	XXX
75662	TC	A	Artery x-rays, head & neck	0.00	13.08	13.04	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	XXX
75665		A	Artery x-rays, head & neck	1.31	13.45	13.61	13.61	13.45	13.61	13.45	13.61	13.45	13.61	13.45	13.61	13.45	13.61	13.45	XXX
75665	26	A	Artery x-rays, head & neck	1.31	0.37	0.57	0.57	0.37	0.57	0.37	0.57	0.37	0.57	0.37	0.57	0.37	0.57	0.37	XXX
75665	TC	A	Artery x-rays, head & neck	0.00	13.08	13.04	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	XXX
75671		A	Artery x-rays, head & neck	1.66	13.53	13.75	13.75	13.53	13.75	13.53	13.75	13.53	13.75	13.53	13.75	13.53	13.75	13.53	XXX
75671	26	A	Artery x-rays, head & neck	1.66	0.45	0.71	0.71	0.45	0.71	0.45	0.71	0.45	0.71	0.45	0.71	0.45	0.71	0.45	XXX
75671	TC	A	Artery x-rays, head & neck	0.00	13.08	13.04	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	XXX
75676		A	Artery x-rays, neck	1.31	13.46	13.61	13.61	13.46	13.61	13.46	13.61	13.46	13.61	13.46	13.61	13.46	13.61	13.46	XXX
75676	26	A	Artery x-rays, neck	1.31	0.38	0.57	0.57	0.38	0.57	0.38	0.57	0.38	0.57	0.38	0.57	0.38	0.57	0.38	XXX
75676	TC	A	Artery x-rays, neck	0.00	13.08	13.04	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	XXX
75680		A	Artery x-rays, neck	1.66	13.53	13.75	13.75	13.53	13.75	13.53	13.75	13.53	13.75	13.53	13.75	13.53	13.75	13.53	XXX
75680	26	A	Artery x-rays, neck	1.66	0.45	0.71	0.71	0.45	0.71	0.45	0.71	0.45	0.71	0.45	0.71	0.45	0.71	0.45	XXX
75680	TC	A	Artery x-rays, neck	0.00	13.08	13.04	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	XXX
75685		A	Artery x-rays, spine	1.31	13.44	13.60	13.60	13.44	13.60	13.44	13.60	13.44	13.60	13.44	13.60	13.44	13.60	13.44	XXX
75685	26	A	Artery x-rays, spine	1.31	0.36	0.56	0.56	0.36	0.56	0.36	0.56	0.36	0.56	0.36	0.56	0.36	0.56	0.36	XXX
75685	TC	A	Artery x-rays, spine	0.00	13.08	13.04	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.04	13.08	XXX
75705		A	Artery x-rays, spine	2.18	13.70	13.99	13.99	13.70	13.99	13.70	13.99	13.70	13.99	13.70	13.99	13.70	13.99	13.70	XXX

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3 \*Indicates RVUs are not used for Medicare payment.



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Non- facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
75705	26	A	Artery x-rays, spine	2.18	0.62	0.95	0.95	0.62	0.62	13.08	0.95	13.04	0.59	0.12	2.92	3.25	2.92	3.25	XXX
75705	TC	A	Artery x-rays, spine	0.00	13.08	13.04	13.04	13.08	13.08	13.08	13.04	13.04	0.59	13.67	13.67	13.63	13.67	13.63	XXX
75710		A	Artery x-rays, arm/leg	1.14	13.41	13.53	13.53	13.41	13.41	13.41	13.53	13.53	0.65	15.20	15.32	15.32	15.20	15.32	XXX
75710	26	A	Artery x-rays, arm/leg	1.14	0.33	0.49	0.49	0.33	0.33	0.33	0.49	0.49	0.06	1.53	1.69	1.53	1.69	1.69	XXX
75710	TC	A	Artery x-rays, arm/leg	0.00	13.08	13.04	13.04	13.08	13.08	13.08	13.04	13.04	0.59	13.67	13.63	13.67	13.63	13.67	XXX
75716		A	Artery x-rays, arms/legs	1.31	13.44	13.60	13.60	13.44	13.44	13.44	13.60	13.60	0.66	15.41	15.57	15.41	15.57	15.57	XXX
75716	26	A	Artery x-rays, arms/legs	1.31	0.36	0.56	0.56	0.36	0.36	0.36	0.56	0.56	0.07	1.74	1.94	1.74	1.94	1.94	XXX
75716	TC	A	Artery x-rays, arms/legs	0.00	13.08	13.04	13.04	13.08	13.08	13.08	13.04	13.04	0.59	13.67	13.63	13.67	13.63	13.63	XXX
75722		A	Artery x-rays, kidney	1.14	13.43	13.53	13.53	13.43	13.43	13.43	13.53	13.53	0.65	15.22	15.32	15.22	15.32	15.32	XXX
75722	26	A	Artery x-rays, kidney	1.14	0.35	0.49	0.49	0.35	0.35	0.35	0.49	0.49	0.06	1.55	1.69	1.55	1.69	1.69	XXX
75722	TC	A	Artery x-rays, kidney	0.00	13.08	13.04	13.04	13.08	13.08	13.08	13.04	13.04	0.59	13.67	13.63	13.67	13.63	13.63	XXX
75724		A	Artery x-rays, kidneys	1.49	13.62	13.72	13.72	13.62	13.62	13.62	13.72	13.72	0.67	15.78	15.88	15.78	15.88	15.88	XXX
75724	26	A	Artery x-rays, kidneys	1.49	0.54	0.68	0.68	0.54	0.54	0.54	0.68	0.68	0.08	2.11	2.25	2.11	2.25	2.25	XXX
75724	TC	A	Artery x-rays, kidneys	0.00	13.08	13.04	13.04	13.08	13.08	13.08	13.04	13.04	0.59	13.67	13.63	13.67	13.63	13.63	XXX
75726		A	Artery x-rays, abdomen	1.14	13.39	13.52	13.52	13.39	13.39	13.39	13.52	13.52	0.65	15.18	15.31	15.18	15.31	15.31	XXX
75726	26	A	Artery x-rays, abdomen	1.14	0.31	0.48	0.48	0.31	0.31	0.31	0.48	0.48	0.06	1.51	1.68	1.51	1.68	1.68	XXX
75726	TC	A	Artery x-rays, abdomen	0.00	13.08	13.04	13.04	13.08	13.08	13.08	13.04	13.04	0.59	13.67	13.63	13.67	13.63	13.63	XXX
75731		A	Artery x-rays, adrenal gland	1.14	13.38	13.52	13.52	13.38	13.38	13.38	13.52	13.52	0.65	15.17	15.31	15.17	15.31	15.31	XXX
75731	26	A	Artery x-rays, adrenal gland	1.14	0.30	0.48	0.48	0.30	0.30	0.30	0.48	0.48	0.06	1.50	1.68	1.50	1.68	1.68	XXX
75731	TC	A	Artery x-rays, adrenal gland	0.00	13.08	13.04	13.04	13.08	13.08	13.08	13.04	13.04	0.59	13.67	13.63	13.67	13.63	13.63	XXX
75733		A	Artery x-rays, adrenal glands	1.31	13.44	13.60	13.60	13.44	13.44	13.44	13.60	13.60	0.66	15.41	15.57	15.41	15.57	15.57	XXX
75733	26	A	Artery x-rays, adrenal glands	1.31	0.36	0.56	0.56	0.36	0.36	0.36	0.56	0.56	0.07	1.74	1.94	1.74	1.94	1.94	XXX
75733	TC	A	Artery x-rays, adrenal glands	0.00	13.08	13.04	13.04	13.08	13.08	13.08	13.04	13.04	0.59	13.67	13.63	13.67	13.63	13.63	XXX
75736		A	Artery x-rays, pelvis	1.14	13.31	13.48	13.48	13.31	13.31	13.31	13.48	13.48	0.06	1.51	1.68	1.51	1.68	1.68	XXX
75736	26	A	Artery x-rays, pelvis	1.14	0.31	0.48	0.48	0.31	0.31	0.31	0.48	0.48	0.06	1.51	1.68	1.51	1.68	1.68	XXX
75736	TC	A	Artery x-rays, pelvis	0.00	13.08	13.04	13.04	13.08	13.08	13.08	13.04	13.04	0.59	13.67	13.63	13.67	13.63	13.63	XXX
75741		A	Artery x-rays, lung	1.31	13.44	13.60	13.60	13.44	13.44	13.44	13.60	13.60	0.66	15.41	15.57	15.41	15.57	15.57	XXX
75741	26	A	Artery x-rays, lung	1.31	0.36	0.56	0.56	0.36	0.36	0.36	0.56	0.56	0.07	1.74	1.94	1.74	1.94	1.94	XXX
75741	TC	A	Artery x-rays, lung	0.00	13.08	13.04	13.04	13.08	13.08	13.08	13.04	13.04	0.59	13.67	13.63	13.67	13.63	13.63	XXX
75743		A	Artery x-rays, lungs	1.66	13.53	13.75	13.75	13.53	13.53	13.53	13.75	13.75	0.68	15.87	16.09	15.87	16.09	16.09	XXX
75743	26	A	Artery x-rays, lungs	1.66	0.45	0.71	0.71	0.45	0.45	0.45	0.71	0.71	0.09	2.20	2.46	2.20	2.46	2.46	XXX
75743	TC	A	Artery x-rays, lungs	0.00	13.08	13.04	13.04	13.08	13.08	13.08	13.04	13.04	0.59	13.67	13.63	13.67	13.63	13.63	XXX
75746		A	Artery x-rays, lung	1.14	13.41	13.53	13.53	13.41	13.41	13.41	13.53	13.53	0.65	15.20	15.32	15.20	15.32	15.32	XXX
75746	26	A	Artery x-rays, lung	1.14	0.33	0.49	0.49	0.33	0.33	0.33	0.49	0.49	0.06	1.53	1.69	1.53	1.69	1.69	XXX
75746	TC	A	Artery x-rays, lung	0.00	13.08	13.04	13.04	13.08	13.08	13.08	13.04	13.04	0.59	13.67	13.63	13.67	13.63	13.63	XXX
75756		A	Artery x-rays, chest	1.14	13.56	13.57	13.57	13.56	13.56	13.56	13.57	13.57	0.65	15.35	15.35	15.35	15.35	15.35	XXX
75756	26	A	Artery x-rays, chest	1.14	0.48	0.53	0.53	0.48	0.48	0.48	0.53	0.53	0.06	1.68	1.73	1.68	1.73	1.73	XXX
75756	TC	A	Artery x-rays, chest	0.00	13.08	13.04	13.04	13.08	13.08	13.08	13.04	13.04	0.59	13.67	13.63	13.67	13.63	13.63	XXX
75774		A	Artery x-ray, each vessel	0.36	13.18	13.19	13.19	13.18	13.18	13.18	13.19	13.19	0.61	14.15	14.16	14.15	14.16	14.16	ZZZ
75774	26	A	Artery x-ray, each vessel	0.36	0.10	0.15	0.15	0.10	0.10	0.10	0.15	0.15	0.02	0.48	0.53	0.48	0.53	0.53	ZZZ

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned		Facility		Transitioned		Facility		Transitioned		Global
					practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Mal- practice RVUs	Non- facility Total	Non- facility Total	Facility Total	Facility Total				
75774 TC	A	Artery x-ray, each vessel	0.00	13.08	13.04	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	13.67	13.63	ZZZ	
75790	A	Visualize A-V shunt	1.84	1.90	2.20	2.20	1.90	2.20	0.16	3.90	4.20	3.90	4.20	3.90	4.20	XXX	
75790 26	A	Visualize A-V shunt	1.84	0.50	0.80	0.80	0.50	0.80	0.09	2.43	2.73	2.43	2.73	2.43	2.73	XXX	
75790 TC	A	Visualize A-V shunt	0.00	1.40	1.40	1.40	1.40	1.40	0.07	1.47	1.47	1.47	1.47	1.47	1.47	XXX	
75801	A	Lymph vessel x-ray, arm/leg	0.81	5.85	5.97	5.97	5.85	5.97	0.30	6.96	7.08	6.96	7.08	6.96	7.08	XXX	
75801 26	A	Lymph vessel x-ray, arm/leg	0.81	0.23	0.36	0.36	0.23	0.36	0.04	1.08	1.21	1.08	1.21	1.08	1.21	XXX	
75801 TC	A	Lymph vessel x-ray, arm/leg	0.00	5.62	5.61	5.61	5.62	5.61	0.26	5.88	5.87	5.88	5.87	5.88	5.87	XXX	
75803	A	Lymph vessel x-ray, arms/legs	1.17	5.93	6.10	6.10	5.93	6.10	0.32	7.42	7.59	7.42	7.59	7.42	7.59	XXX	
75803 26	A	Lymph vessel x-ray, arms/legs	1.17	0.31	0.49	0.49	0.31	0.49	0.06	1.54	1.72	1.54	1.72	1.54	1.72	XXX	
75803 TC	A	Lymph vessel x-ray, arms/legs	0.00	5.62	5.61	5.61	5.62	5.61	0.26	5.88	5.87	5.88	5.87	5.88	5.87	XXX	
75805	A	Lymph vessel x-ray, trunk	0.81	6.55	6.68	6.68	6.55	6.68	0.33	7.69	7.82	7.69	7.82	7.69	7.82	XXX	
75805 26	A	Lymph vessel x-ray, trunk	0.81	0.22	0.36	0.36	0.22	0.36	0.04	1.07	1.21	1.07	1.21	1.07	1.21	XXX	
75805 TC	A	Lymph vessel x-ray, trunk	0.00	6.33	6.32	6.32	6.33	6.32	0.29	6.62	6.61	6.62	6.61	6.62	6.61	XXX	
75807	A	Lymph vessel x-ray, trunk	1.17	6.64	6.81	6.81	6.64	6.81	0.35	8.16	8.33	8.16	8.33	8.16	8.33	XXX	
75807 26	A	Lymph vessel x-ray, trunk	1.17	0.31	0.49	0.49	0.31	0.49	0.06	1.54	1.72	1.54	1.72	1.54	1.72	XXX	
75807 TC	A	Lymph vessel x-ray, trunk	0.00	6.33	6.32	6.32	6.33	6.32	0.29	6.62	6.61	6.62	6.61	6.62	6.61	XXX	
75809	A	Nonvascular shunt, x-ray	0.47	0.94	1.00	1.00	0.94	1.00	0.06	1.47	1.53	1.47	1.53	1.47	1.53	XXX	
75809 26	A	Nonvascular shunt, x-ray	0.47	0.12	0.19	0.19	0.12	0.19	0.02	0.61	0.68	0.61	0.68	0.61	0.68	XXX	
75809 TC	A	Nonvascular shunt, x-ray	0.00	0.82	0.81	0.81	0.82	0.81	0.04	0.86	0.85	0.86	0.85	0.86	0.85	XXX	
75810	A	Vein x-ray, spleen/liver	1.14	13.38	13.52	13.52	13.38	13.52	0.65	15.17	15.31	15.17	15.31	15.17	15.31	XXX	
75810 26	A	Vein x-ray, spleen/liver	1.14	0.30	0.48	0.48	0.30	0.48	0.06	1.50	1.68	1.50	1.68	1.50	1.68	XXX	
75810 TC	A	Vein x-ray, spleen/liver	0.00	13.08	13.04	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	13.67	13.63	XXX	
75820	A	Vein x-ray, arm/leg	0.70	1.17	1.29	1.29	1.17	1.29	0.09	1.96	2.08	1.96	2.08	1.96	2.08	XXX	
75820 26	A	Vein x-ray, arm/leg	0.70	0.19	0.31	0.31	0.19	0.31	0.04	0.93	1.05	0.93	1.05	0.93	1.05	XXX	
75820 TC	A	Vein x-ray, arm/leg	0.00	0.98	0.98	0.98	0.98	0.98	0.05	1.03	1.03	1.03	1.03	1.03	1.03	XXX	
75822	A	Vein x-ray, arms/legs	1.06	1.83	1.99	1.99	1.83	1.99	0.12	3.01	3.17	3.01	3.17	3.01	3.17	XXX	
75822 26	A	Vein x-ray, arms/legs	1.06	0.29	0.46	0.46	0.29	0.46	0.05	1.40	1.57	1.40	1.57	1.40	1.57	XXX	
75822 TC	A	Vein x-ray, arms/legs	0.00	1.54	1.53	1.53	1.54	1.53	0.07	1.61	1.60	1.61	1.60	1.61	1.60	XXX	
75825	A	Vein x-ray, trunk	1.14	13.39	13.52	13.52	13.39	13.52	0.65	15.18	15.31	15.18	15.31	15.18	15.31	XXX	
75825 26	A	Vein x-ray, trunk	1.14	0.31	0.48	0.48	0.31	0.48	0.06	1.51	1.68	1.51	1.68	1.51	1.68	XXX	
75825 TC	A	Vein x-ray, trunk	0.00	13.08	13.04	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	13.67	13.63	XXX	
75827	A	Vein x-ray, chest	1.14	13.39	13.52	13.52	13.39	13.52	0.65	15.18	15.31	15.18	15.31	15.18	15.31	XXX	
75827 26	A	Vein x-ray, chest	1.14	0.31	0.48	0.48	0.31	0.48	0.06	1.51	1.68	1.51	1.68	1.51	1.68	XXX	
75827 TC	A	Vein x-ray, chest	0.00	13.08	13.04	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	13.67	13.63	XXX	
75831	A	Vein x-ray, kidney	1.14	13.38	13.52	13.52	13.38	13.52	0.65	15.17	15.31	15.17	15.31	15.17	15.31	XXX	
75831 26	A	Vein x-ray, kidney	1.14	0.30	0.48	0.48	0.30	0.48	0.06	1.50	1.68	1.50	1.68	1.50	1.68	XXX	
75831 TC	A	Vein x-ray, kidney	0.00	13.08	13.04	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	13.67	13.63	XXX	
75833	A	Vein x-ray, kidneys	1.49	13.49	13.68	13.68	13.49	13.68	0.67	15.65	15.84	15.65	15.84	15.65	15.84	XXX	
75833 26	A	Vein x-ray, kidneys	1.49	0.41	0.64	0.64	0.41	0.64	0.08	1.98	2.21	1.98	2.21	1.98	2.21	XXX	
75833 TC	A	Vein x-ray, kidneys	0.00	13.08	13.04	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	13.67	13.63	XXX	

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>1</sup>	Mod	Status	Description	Physician work, RVUs <sup>3</sup>	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Non- facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
75840		A	Vein x-ray, adrenal gland	1.14	13.42	13.42	13.53	13.42	13.53	13.42	13.53	13.42	15.21	15.32	15.21	15.32	15.32	15.32	XXX
75840	26	A	Vein x-ray, adrenal gland	1.14	0.34	0.34	0.49	0.34	0.49	0.34	0.49	0.34	1.54	1.69	1.54	1.69	1.69	1.69	XXX
75840	TC	A	Vein x-ray, adrenal gland	0.00	13.08	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.67	13.63	13.67	13.63	13.63	13.63	XXX
75842		A	Vein x-ray, adrenal glands	1.49	13.47	13.47	13.68	13.47	13.68	13.47	13.68	13.47	15.63	15.84	15.63	15.84	15.84	15.84	XXX
75842	26	A	Vein x-ray, adrenal glands	1.49	0.39	0.39	0.64	0.39	0.64	0.39	0.64	0.39	1.96	2.21	1.96	2.21	2.21	2.21	XXX
75842	TC	A	Vein x-ray, adrenal glands	0.00	13.08	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.67	13.63	13.67	13.63	13.63	13.63	XXX
75860		A	Vein x-ray, neck	1.14	13.39	13.39	13.52	13.39	13.52	13.39	13.52	13.39	15.18	15.31	15.18	15.31	15.31	15.31	XXX
75860	26	A	Vein x-ray, neck	1.14	0.31	0.31	0.48	0.31	0.48	0.31	0.48	0.31	1.51	1.68	1.51	1.68	1.68	1.68	XXX
75860	TC	A	Vein x-ray, neck	0.00	13.08	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.67	13.63	13.67	13.63	13.63	13.63	XXX
75870		A	Vein x-ray, skull	1.14	13.40	13.40	13.53	13.40	13.53	13.40	13.53	13.40	15.19	15.32	15.19	15.32	15.32	15.32	XXX
75870	26	A	Vein x-ray, skull	1.14	0.32	0.32	0.49	0.32	0.49	0.32	0.49	0.32	1.52	1.69	1.52	1.69	1.69	1.69	XXX
75870	TC	A	Vein x-ray, skull	0.00	13.08	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.67	13.63	13.67	13.63	13.63	13.63	XXX
75872		A	Vein x-ray, skull	1.14	13.39	13.39	13.52	13.39	13.52	13.39	13.52	13.39	15.18	15.31	15.18	15.31	15.31	15.31	XXX
75872	26	A	Vein x-ray, skull	1.14	0.31	0.31	0.48	0.31	0.48	0.31	0.48	0.31	1.51	1.68	1.51	1.68	1.68	1.68	XXX
75872	TC	A	Vein x-ray, skull	0.00	13.08	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.67	13.63	13.67	13.63	13.63	13.63	XXX
75880		A	Vein x-ray, eye socket	0.70	1.17	1.17	1.29	1.17	1.29	1.17	1.29	1.17	1.96	2.08	1.96	2.08	2.08	2.08	XXX
75880	26	A	Vein x-ray, eye socket	0.70	0.19	0.19	0.31	0.19	0.31	0.19	0.31	0.19	0.93	1.05	0.93	1.05	1.05	1.05	XXX
75880	TC	A	Vein x-ray, eye socket	0.00	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	1.03	1.03	1.03	1.03	1.03	1.03	XXX
75885		A	Vein x-ray, liver	1.44	13.46	13.46	13.65	13.46	13.65	13.46	13.65	13.46	15.57	15.76	15.57	15.76	15.76	15.76	XXX
75885	26	A	Vein x-ray, liver	1.44	0.38	0.38	0.61	0.38	0.61	0.38	0.61	0.38	1.90	2.13	1.90	2.13	2.13	2.13	XXX
75885	TC	A	Vein x-ray, liver	0.00	13.08	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.67	13.63	13.67	13.63	13.63	13.63	XXX
75887		A	Vein x-ray, liver	1.44	13.46	13.46	13.65	13.46	13.65	13.46	13.65	13.46	15.57	15.76	15.57	15.76	15.76	15.76	XXX
75887	26	A	Vein x-ray, liver	1.44	0.38	0.38	0.61	0.38	0.61	0.38	0.61	0.38	1.90	2.13	1.90	2.13	2.13	2.13	XXX
75887	TC	A	Vein x-ray, liver	0.00	13.08	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.67	13.63	13.67	13.63	13.63	13.63	XXX
75889		A	Vein x-ray, liver	1.14	13.38	13.38	13.52	13.38	13.52	13.38	13.52	13.38	15.17	15.31	15.17	15.31	15.31	15.31	XXX
75889	26	A	Vein x-ray, liver	1.14	0.30	0.30	0.48	0.30	0.48	0.30	0.48	0.30	1.50	1.68	1.50	1.68	1.68	1.68	XXX
75889	TC	A	Vein x-ray, liver	0.00	13.08	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.67	13.63	13.67	13.63	13.63	13.63	XXX
75891		A	Vein x-ray, liver	1.14	13.39	13.39	13.52	13.39	13.52	13.39	13.52	13.39	15.18	15.31	15.18	15.31	15.31	15.31	XXX
75891	26	A	Vein x-ray, liver	1.14	0.31	0.31	0.48	0.31	0.48	0.31	0.48	0.31	1.51	1.68	1.51	1.68	1.68	1.68	XXX
75891	TC	A	Vein x-ray, liver	0.00	13.08	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.67	13.63	13.67	13.63	13.63	13.63	XXX
75893		A	Venous sampling by catheter	0.54	13.22	13.22	13.28	13.22	13.28	13.22	13.28	13.22	14.38	14.44	14.38	14.44	14.44	14.44	XXX
75893	26	A	Venous sampling by catheter	0.54	0.14	0.14	0.24	0.14	0.24	0.14	0.24	0.14	0.71	0.81	0.71	0.81	0.81	0.81	XXX
75893	TC	A	Venous sampling by catheter	0.00	13.08	13.08	13.04	13.08	13.04	13.08	13.04	13.08	13.67	13.63	13.67	13.63	13.63	13.63	XXX
75894		A	Xrays, transcathe-ther therapy	1.31	25.41	25.41	25.55	25.41	25.55	25.41	25.55	25.41	27.92	28.06	27.92	28.06	28.06	28.06	XXX
75894	26	A	Xrays, transcathe-ther therapy	1.31	0.37	0.37	0.57	0.37	0.57	0.37	0.57	0.37	1.75	1.95	1.75	1.95	1.95	1.95	XXX
75894	TC	A	Xrays, transcathe-ther therapy	0.00	25.04	25.04	24.98	25.04	24.98	25.04	24.98	25.04	26.17	26.11	26.17	26.11	26.11	26.11	XXX
75896		A	Xrays, transcathe-ther therapy	1.31	22.19	22.19	22.31	22.19	22.31	22.19	22.31	22.19	24.55	24.67	24.55	24.67	24.67	24.67	XXX
75896	26	A	Xrays, transcathe-ther therapy	1.31	0.41	0.41	0.58	0.41	0.58	0.41	0.58	0.41	1.79	1.96	1.79	1.96	1.96	1.96	XXX
75896	TC	A	Xrays, transcathe-ther therapy	0.00	21.78	21.78	21.73	21.78	21.73	21.78	21.73	21.78	22.76	22.71	22.76	22.71	22.71	22.71	XXX
75898		A	Follow-up angiogram	1.65	1.56	1.56	1.81	1.56	1.81	1.56	1.81	1.56	3.35	3.60	3.35	3.60	3.60	3.60	XXX

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3 \*Indicates RVUs are not used for Medicare payment.



# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician	Non-	Transitioned	Facility	Transitioned	Mal-	Non-	Transitioned	Facility	Transitioned	Global	
				work <sup>3</sup>	facility	Non-facility	practice	Facility	practice	Non-facility	Non-facility	practice	Non-facility		Non-facility
				RVUs	practice	practice	expense	RVUs	expense	RVUs	RVUs	RVUs	RVUs		RVUs
75898	26	A	Follow-up angiogram	1.65	0.48	0.72	0.48	0.72	0.09	2.22	2.46	2.22	2.46	XXX	
75898	TC	A	Follow-up angiogram	0.00	1.08	1.09	1.08	1.09	0.05	1.13	1.14	1.13	1.14	XXX	
75900		A	Arterial catheter exchange	0.49	21.90	21.93	21.90	21.93	1.01	23.40	23.43	23.40	23.43	XXX	
75900	26	A	Arterial catheter exchange	0.49	0.13	0.22	0.13	0.22	0.02	0.64	0.73	0.64	0.73	XXX	
75900	TC	A	Arterial catheter exchange	0.00	21.77	21.71	21.77	21.71	0.99	22.76	22.70	22.76	22.70	XXX	
75940		A	X-ray placement, vein filter	0.54	13.23	13.28	13.23	13.28	0.62	14.39	14.44	14.39	14.44	XXX	
75940	26	A	X-ray placement, vein filter	0.54	0.15	0.24	0.15	0.24	0.03	0.72	0.81	0.72	0.81	XXX	
75940	TC	A	X-ray placement, vein filter	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX	
75945		A	Intravascular us	0.40	NA	NA	4.87	4.94	0.24	NA	NA	5.51	5.58	XXX	
75945	26	A	Intravascular us	0.40	NA	NA	0.14	0.22	0.02	NA	NA	0.56	0.64	XXX	
75945	TC	A	Intravascular us	0.00	NA	NA	4.73	4.72	0.22	NA	NA	4.95	4.94	XXX	
75946		A	Intravascular us add-on	0.40	NA	NA	2.53	2.59	0.13	NA	NA	3.06	3.12	ZZZ	
75946	26	A	Intravascular us add-on	0.40	NA	NA	0.15	0.22	0.02	NA	NA	0.57	0.64	ZZZ	
75946	TC	A	Intravascular us add-on	0.00	NA	NA	2.38	2.37	0.11	NA	NA	2.49	2.48	ZZZ	
75960		A	Transcatheter intro, stent	0.82	15.72	15.79	15.72	15.79	0.74	17.28	17.35	17.28	17.35	XXX	
75960	26	A	Transcatheter intro, stent	0.82	0.26	0.37	0.26	0.37	0.05	1.13	1.24	1.13	1.24	XXX	
75960	TC	A	Transcatheter intro, stent	0.00	15.46	15.42	15.46	15.42	0.69	16.15	16.11	16.15	16.11	XXX	
75961		A	Retrieval, broken catheter	4.25	12.06	12.71	12.06	12.71	0.71	17.02	17.67	17.02	17.67	XXX	
75961	26	A	Retrieval, broken catheter	4.25	1.16	1.84	1.16	1.84	0.22	5.63	6.31	5.63	6.31	XXX	
75961	TC	A	Retrieval, broken catheter	0.00	10.90	10.87	10.90	10.87	0.49	11.39	11.36	11.39	11.36	XXX	
75962		A	Repair arterial blockage	0.54	16.50	16.54	16.50	16.54	0.77	17.81	17.85	17.81	17.85	XXX	
75962	26	A	Repair arterial blockage	0.54	0.17	0.25	0.17	0.25	0.03	0.74	0.82	0.74	0.82	XXX	
75962	TC	A	Repair arterial blockage	0.00	16.33	16.29	16.33	16.29	0.74	17.07	17.03	17.07	17.03	XXX	
75964		A	Repair artery blockage, each	0.36	8.82	8.85	8.82	8.85	0.41	9.59	9.62	9.59	9.62	ZZZ	
75964	26	A	Repair artery blockage, each	0.36	0.11	0.16	0.11	0.16	0.02	0.49	0.54	0.49	0.54	ZZZ	
75964	TC	A	Repair artery blockage, each	0.00	8.71	8.69	8.71	8.69	0.39	9.10	9.08	9.10	9.08	ZZZ	
75966		A	Repair arterial blockage	1.31	16.75	16.87	16.75	16.87	0.81	18.87	18.99	18.87	18.99	XXX	
75966	26	A	Repair arterial blockage	1.31	0.42	0.58	0.42	0.58	0.07	1.80	1.96	1.80	1.96	XXX	
75966	TC	A	Repair arterial blockage	0.00	16.33	16.29	16.33	16.29	0.74	17.07	17.03	17.07	17.03	XXX	
75968		A	Repair artery blockage, each	0.36	8.82	8.85	8.82	8.85	0.41	9.59	9.62	9.59	9.62	ZZZ	
75968	26	A	Repair artery blockage, each	0.36	0.11	0.16	0.11	0.16	0.02	0.49	0.54	0.49	0.54	ZZZ	
75968	TC	A	Repair artery blockage, each	0.00	8.71	8.69	8.71	8.69	0.39	9.10	9.08	9.10	9.08	ZZZ	
75970		A	Repair arterial blockage	0.83	12.23	12.32	12.23	12.32	0.59	13.65	13.74	13.65	13.74	XXX	
75970	26	A	Vascular biopsy	0.83	0.25	0.37	0.25	0.37	0.05	1.13	1.25	1.13	1.25	XXX	
75970	TC	A	Vascular biopsy	0.00	11.98	11.95	11.98	11.95	0.54	12.52	12.49	12.52	12.49	XXX	
75978		A	Repair venous blockage	0.54	16.47	16.72	16.47	16.72	0.77	17.78	18.03	17.78	18.03	XXX	
75978	26	A	Repair venous blockage	0.54	0.14	0.43	0.14	0.43	0.03	0.71	1.00	0.71	1.00	XXX	
75978	TC	A	Repair venous blockage	0.00	16.33	16.29	16.33	16.29	0.74	17.07	17.03	17.07	17.03	XXX	
75980		A	Contrast xray exam bile duct	1.44	6.00	6.22	6.00	6.22	0.34	7.78	8.00	7.78	8.00	XXX	
75980	26	A	Contrast xray exam bile duct	1.44	0.38	0.61	0.38	0.61	0.08	1.90	2.13	1.90	2.13	XXX	







CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non- facility			Transitioned			Transitioned			Transitioned			Global
					Non- facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Mal- practice RVUs	Non- facility Total	Non- facility Total	Facility Total	Facility Total				
76020	TC	A	X-rays for bone age	0.00	0.55	0.54	0.55	0.54	0.02	0.57	0.56	0.57	0.56	0.57	0.56	XXX	
76040		A	X-rays, bone evaluation	0.27	0.89	0.93	0.89	0.93	0.06	1.22	1.26	1.22	1.26	1.22	1.26	XXX	
76040	26	A	X-rays, bone evaluation	0.27	0.07	0.12	0.07	0.12	0.02	0.36	0.41	0.36	0.41	0.36	0.41	XXX	
76040	TC	A	X-rays, bone evaluation	0.00	0.82	0.81	0.82	0.81	0.04	0.86	0.85	0.86	0.85	0.86	0.85	XXX	
76061		A	X-rays, bone survey	0.45	1.15	1.23	1.15	1.23	0.07	1.67	1.75	1.67	1.75	1.67	1.75	XXX	
76061	26	A	X-rays, bone survey	0.45	0.12	0.20	0.12	0.20	0.02	0.59	0.67	0.59	0.67	0.59	0.67	XXX	
76061	TC	A	X-rays, bone survey	0.00	1.03	1.03	1.03	1.03	0.05	1.08	1.08	1.08	1.08	1.08	1.08	XXX	
76062		A	X-rays, bone survey	0.54	1.63	1.73	1.63	1.73	0.10	2.27	2.37	2.27	2.37	2.27	2.37	XXX	
76062	26	A	X-rays, bone survey	0.54	0.14	0.24	0.14	0.24	0.03	0.71	0.81	0.71	0.81	0.71	0.81	XXX	
76062	TC	A	X-rays, bone survey	0.00	1.49	1.49	1.49	1.49	0.07	1.56	1.56	1.56	1.56	1.56	1.56	XXX	
76065		A	X-rays, bone evaluation	0.28	0.82	0.88	0.82	0.88	0.06	1.16	1.22	1.16	1.22	1.16	1.22	XXX	
76065	26	A	X-rays, bone evaluation	0.28	0.07	0.12	0.07	0.12	0.02	0.37	0.42	0.37	0.42	0.37	0.42	XXX	
76065	TC	A	X-rays, bone evaluation	0.00	0.75	0.76	0.75	0.76	0.04	0.79	0.80	0.79	0.80	0.79	0.80	XXX	
76066		A	Joint(s) survey, single film	0.31	1.25	1.29	1.25	1.29	0.07	1.63	1.67	1.63	1.67	1.63	1.67	XXX	
76066	26	A	Joint(s) survey, single film	0.31	0.09	0.14	0.09	0.14	0.02	0.42	0.47	0.42	0.47	0.42	0.47	XXX	
76066	TC	A	Joint(s) survey, single film	0.00	1.16	1.15	1.16	1.15	0.05	1.21	1.20	1.21	1.20	1.21	1.20	XXX	
76070		I	CT scan, bone density study	+0.25	3.15	3.17	3.15	3.17	0.16	3.56	3.58	3.56	3.58	3.56	3.58	XXX	
76070	26	I	CT scan, bone density study	+0.25	0.09	0.12	0.09	0.12	0.02	0.36	0.39	0.36	0.39	0.36	0.39	XXX	
76070	TC	I	CT scan, bone density study	+0.00	3.06	3.05	3.06	3.05	0.14	3.20	3.19	3.20	3.19	3.20	3.19	XXX	
76075		A	Dual energy x-ray study	0.30	3.30	3.32	3.30	3.32	0.17	3.77	3.79	3.77	3.79	3.77	3.79	XXX	
76075	26	A	Dual energy x-ray study	0.30	0.09	0.12	0.09	0.12	0.02	0.41	0.44	0.41	0.44	0.41	0.44	XXX	
76075	TC	A	Dual energy x-ray study	0.00	3.21	3.20	3.21	3.20	0.15	3.36	3.35	3.36	3.35	3.36	3.35	XXX	
76076		A	Dual energy x-ray study	0.22	0.87	0.88	0.87	0.88	0.06	1.15	1.16	1.15	1.16	1.15	1.16	XXX	
76076	26	A	Dual energy x-ray study	0.22	0.08	0.10	0.08	0.10	0.02	0.32	0.32	0.32	0.32	0.32	0.32	XXX	
76076	TC	A	Dual energy x-ray study	0.00	0.79	0.78	0.79	0.78	0.04	0.83	0.82	0.83	0.82	0.83	0.82	XXX	
76078		A	Photodensitometry	0.20	0												

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3 +Indicates RVUs are not used for Medicare payment.



## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitional		Facility		Mal- practice		Non- facility		Transitional		Facility		Transitioned Facility Total	Global	
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	RVUs	RVUs	Total	Non- facility	Total	Non- facility			Total
76091		A	Mammogram, both breasts	0.69	1.53	1.55	1.53	1.55	1.53	1.55	0.08	1.55	0.08	2.30	2.32	2.30	2.32	2.30	2.32	2.32	XXX
76091	26	A	Mammogram, both breasts	0.69	0.19	0.20	0.19	0.20	0.19	0.20	0.02	0.20	0.02	0.90	0.91	0.90	0.91	0.90	0.91	0.91	XXX
76091	TC	A	Mammogram, both breasts	0.00	1.34	1.35	1.34	1.35	1.34	1.35	0.06	1.35	0.06	1.40	1.41	1.40	1.41	1.40	1.41	1.41	XXX
76092		X	MammOgram, screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76093		A	Magnetic image, breast	1.63	18.71	18.93	18.71	18.93	18.71	18.93	0.91	18.93	0.91	21.25	21.47	21.25	21.47	21.25	21.47	21.47	XXX
76093	26	A	Magnetic image, breast	1.63	0.43	0.69	0.43	0.69	0.43	0.69	0.09	0.69	0.09	2.15	2.41	2.15	2.41	2.15	2.41	2.41	XXX
76093	TC	A	Magnetic image, breast	0.00	18.28	18.24	18.28	18.24	18.28	18.24	0.82	18.24	0.82	19.10	19.06	19.10	19.06	19.10	19.06	19.06	XXX
76094		A	Magnetic image, both breasts	1.63	25.23	25.44	25.23	25.44	25.23	25.44	1.20	25.44	1.20	28.06	28.27	28.06	28.27	28.06	28.27	28.27	XXX
76094	26	A	Magnetic image, both breasts	1.63	0.43	0.69	0.43	0.69	0.43	0.69	0.09	0.69	0.09	2.15	2.41	2.15	2.41	2.15	2.41	2.41	XXX
76094	TC	A	Magnetic image, both breasts	0.00	24.80	24.75	24.80	24.75	24.80	24.75	1.11	24.75	1.11	25.91	25.86	25.91	25.86	25.91	25.86	25.86	XXX
76095		A	Stereotactic breast biopsy	1.59	7.89	8.11	7.89	8.11	7.89	8.11	0.43	8.11	0.43	9.91	10.13	9.91	10.13	9.91	10.13	10.13	XXX
76095	26	A	Stereotactic breast biopsy	1.59	0.45	0.69	0.45	0.69	0.45	0.69	0.09	0.69	0.09	2.13	2.37	2.13	2.37	2.13	2.37	2.37	XXX
76095	TC	A	Stereotactic breast biopsy	0.00	7.44	7.42	7.44	7.42	7.44	7.42	0.34	7.42	0.34	7.78	7.76	7.78	7.76	7.78	7.76	7.76	XXX
76096		A	X-ray of needle wire, breast	0.56	1.48	1.60	1.48	1.60	1.48	1.60	0.09	1.60	0.09	2.13	2.25	2.13	2.25	2.13	2.25	2.25	XXX
76096	26	A	X-ray of needle wire, breast	0.56	0.14	0.25	0.14	0.25	0.14	0.25	0.03	0.25	0.03	0.73	0.84	0.73	0.84	0.73	0.84	0.84	XXX
76096	TC	A	X-ray of needle wire, breast	0.00	1.34	1.35	1.34	1.35	1.34	1.35	0.06	1.35	0.06	1.40	1.41	1.40	1.41	1.40	1.41	1.41	XXX
76098		A	X-ray exam, breast specimen	0.16	0.48	0.50	0.48	0.50	0.48	0.50	0.03	0.50	0.03	0.67	0.69	0.67	0.69	0.67	0.69	0.69	XXX
76098	26	A	X-ray exam, breast specimen	0.16	0.04	0.07	0.04	0.07	0.04	0.07	0.01	0.07	0.01	0.21	0.24	0.21	0.24	0.21	0.24	0.24	XXX
76098	TC	A	X-ray exam, breast specimen	0.00	0.44	0.43	0.44	0.43	0.44	0.43	0.02	0.43	0.02	0.46	0.45	0.46	0.45	0.46	0.45	0.45	XXX
76100		A	X-ray exam of body section	0.58	1.45	1.55	1.45	1.55	1.45	1.55	0.09	1.55	0.09	2.12	2.22	2.12	2.22	2.12	2.22	2.22	XXX
76100	26	A	X-ray exam of body section	0.58	0.15	0.26	0.15	0.26	0.15	0.26	0.03	0.26	0.03	0.76	0.87	0.76	0.87	0.76	0.87	0.87	XXX
76100	TC	A	X-ray exam of body section	0.00	1.30	1.29	1.30	1.29	1.30	1.29	0.06	1.29	0.06	1.36	1.35	1.36	1.35	1.36	1.35	1.35	XXX
76101		A	Complex body section x-ray	0.58	1.62	1.73	1.62	1.73	1.62	1.73	0.10	1.73	0.10	2.30	2.41	2.30	2.41	2.30	2.41	2.41	XXX
76101	26	A	Complex body section x-ray	0.58	0.15	0.26	0.15	0.26	0.15	0.26	0.03	0.26	0.03	0.76	0.87	0.76	0.87	0.76	0.87	0.87	XXX
76101	TC	A	Complex body section x-ray	0.00	1.47	1.47	1.47	1.47	1.47	1.47	0.07	1.47	0.07	1.54	1.54	1.54	1.54	1.54	1.54	1.54	XXX
76102		A	Complex body section x-rays	0.58	1.95	2.05	1.95	2.05	1.95	2.05	0.12	2.05	0.12	2.65	2.75	2.65	2.75	2.65	2.75	2.75	XXX
76102	26	A	Complex body section x-rays	0.58	0.15	0.26	0.15	0.26	0.15	0.26	0.03	0.26	0.03	0.76	0.87	0.76	0.87	0.76	0.87	0.87	XXX
76102	TC	A	Complex body section x-rays	0.00	1.80	1.79	1.80	1.79	1.80	1.79	0.09	1.79	0.09	1.89	1.88	1.89	1.88	1.89	1.88	1.88	XXX
76120		A	Cinematic x-rays	0.38	1.21	1.26	1.21	1.26	1.21	1.26	0.07	1.26	0.07	1.66	1.71	1.66	1.71	1.66	1.71	1.71	XXX
76120	26	A	Cinematic x-rays	0.38	0.13	0.17	0.13	0.17	0.13	0.17	0.02	0.17	0.02	0.53	0.57	0.53	0.57	0.53	0.57	0.57	XXX
76120	TC	A	Cinematic x-rays	0.00	1.08	1.09	1.08	1.09	1.08	1.09	0.05	1.09	0.05	1.13	1.14	1.13	1.14	1.13	1.14	1.14	XXX
76125		A	Cinematic x-rays add-on	0.27	0.90	0.93	0.90	0.93	0.90	0.93	0.06	0.93	0.06	1.23	1.26	1.23	1.26	1.23	1.26	1.26	ZZZ
76125	26	A	Cinematic x-rays add-on	0.27	0.08	0.12	0.08	0.12	0.08	0.12	0.02	0.12	0.02	0.37	0.41	0.37	0.41	0.37	0.41	0.41	ZZZ
76125	TC	A	Cinematic x-rays add-on	0.00	0.82	0.81	0.82	0.81	0.82	0.81	0.04	0.81	0.04	0.86	0.85	0.86	0.85	0.86	0.85	0.85	ZZZ
76140		I	X-ray consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76150		A	X-ray exam, dry process	0.00	0.44	0.43	0.44	0.43	0.44	0.43	0.02	0.43	0.02	0.46	0.45	0.46	0.45	0.46	0.45	0.45	XXX
76350		C	Special x-ray contrast study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76355		A	CAT scan for localization	1.21	8.89	9.07	8.89	9.07	8.89	9.07	0.44	9.07	0.44	10.54	10.72	10.54	10.72	10.54	10.72	10.72	XXX
76355	26	A	CAT scan for localization	1.21	0.33	0.52	0.33	0.52	0.33	0.52	0.06	0.52	0.06	1.60	1.79	1.60	1.79	1.60	1.79	1.79	XXX
76355	TC	A	CAT scan for localization	0.00	8.56	8.55	8.56	8.55	8.56	8.55	0.38	8.55	0.38	8.94	8.93	8.94	8.93	8.94	8.93	8.93	XXX

1 CPT codes and descriptions only are copyright 1998 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.  
 2 Copyright 1994 American Dental Association. All rights reserved.  
 3 \*Indicates RVUs are not used for Medicare payment.



# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitional Non-facility		Facility		Transitional Facility		Mal- practice		Non- facility		Transitional Non-facility		Facility		Transitional Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
76360		A	CAT scan for needle biopsy	1.16	8.87	9.03	8.87	9.03	8.87	9.03	0.44	0.44	10.63	10.47	10.63	10.47	10.63	10.47	10.63	10.47	10.63	10.47	XXX
76360	26	A	CAT scan for needle biopsy	1.16	0.31	0.48	0.31	0.48	0.31	0.48	0.05	0.05	1.70	1.53	1.70	1.53	1.70	1.53	1.70	1.53	1.70	1.53	XXX
76360	TC	A	CAT scan for needle biopsy	0.00	8.56	8.55	8.56	8.55	8.56	8.55	0.38	0.38	8.94	8.94	8.93	8.94	8.94	8.93	8.94	8.94	8.93	8.94	XXX
76365		A	CAT scan for cyst aspiration	1.16	8.87	9.03	8.87	9.03	8.87	9.03	0.44	0.44	10.63	10.47	10.63	10.47	10.63	10.47	10.63	10.47	10.63	10.47	XXX
76365	26	A	CAT scan for cyst aspiration	1.16	0.31	0.48	0.31	0.48	0.31	0.48	0.06	0.06	1.53	1.53	1.70	1.53	1.70	1.53	1.70	1.53	1.70	1.53	XXX
76365	TC	A	CAT scan for cyst aspiration	0.00	8.56	8.55	8.56	8.55	8.56	8.55	0.38	0.38	8.94	8.94	8.93	8.94	8.93	8.94	8.93	8.94	8.93	8.94	XXX
76370		A	CAT scan for therapy guide	0.85	3.29	3.42	3.29	3.42	3.29	3.42	0.19	0.19	4.33	4.33	4.46	4.33	4.46	4.33	4.46	4.33	4.46	4.33	XXX
76370	26	A	CAT scan for therapy guide	0.85	0.23	0.37	0.23	0.37	0.23	0.37	0.05	0.05	1.13	1.13	1.27	1.13	1.27	1.13	1.27	1.13	1.27	1.13	XXX
76370	TC	A	CAT scan for therapy guide	0.00	3.06	3.05	3.06	3.05	3.06	3.05	0.14	0.14	3.20	3.20	3.19	3.20	3.19	3.20	3.19	3.20	3.19	3.20	XXX
76375		A	3d/holograph reconstr add-on	0.16	3.72	3.74	3.72	3.74	3.72	3.74	0.17	0.17	4.05	4.05	4.07	4.05	4.07	4.05	4.07	4.05	4.07	4.05	XXX
76375	26	A	3d/holograph reconstr add-on	0.16	0.04	0.07	0.04	0.07	0.04	0.07	0.01	0.01	0.21	0.21	0.24	0.21	0.24	0.21	0.24	0.21	0.24	0.21	XXX
76375	TC	A	3d/holograph reconstr add-on	0.00	3.68	3.67	3.68	3.67	3.68	3.67	0.16	0.16	3.84	3.84	3.83	3.84	3.83	3.84	3.83	3.84	3.83	3.84	XXX
76380		A	CAT scan follow-up study	0.98	3.90	4.06	3.90	4.06	3.90	4.06	0.21	0.21	5.09	5.09	5.25	5.09	5.25	5.09	5.25	5.09	5.25	5.09	XXX
76380	26	A	CAT scan follow-up study	0.98	0.26	0.43	0.26	0.43	0.26	0.43	0.05	0.05	1.29	1.29	1.46	1.29	1.46	1.29	1.46	1.29	1.46	1.29	XXX
76380	TC	A	CAT scan follow-up study	0.00	3.64	3.63	3.64	3.63	3.64	3.63	0.16	0.16	3.80	3.80	3.79	3.80	3.79	3.80	3.79	3.80	3.79	3.80	XXX
76390		A	Mr spectroscopy	1.40	12.16	12.27	12.16	12.27	12.16	12.27	0.60	0.60	14.16	14.16	14.27	14.16	14.27	14.16	14.27	14.16	14.27	14.16	XXX
76390	26	A	Mr spectroscopy	1.40	0.53	0.67	0.53	0.67	0.53	0.67	0.08	0.08	2.01	2.01	2.15	2.01	2.15	2.01	2.15	2.01	2.15	2.01	XXX
76390	TC	A	Mr spectroscopy	0.00	11.63	11.60	11.63	11.60	11.63	11.60	0.52	0.52	12.15	12.15	12.12	12.15	12.12	12.15	12.12	12.15	12.12	12.15	XXX
76400		A	Magnetic image, bone marrow	1.60	12.05	12.29	12.05	12.29	12.05	12.29	0.61	0.61	14.26	14.26	14.50	14.26	14.50	14.26	14.50	14.26	14.50	14.26	XXX
76400	26	A	Magnetic image, bone marrow	1.60	0.42	0.69	0.42	0.69	0.42	0.69	0.09	0.09	2.11	2.11	2.38	2.11	2.38	2.11	2.38	2.11	2.38	2.11	XXX
76400	TC	A	Magnetic image, bone marrow	0.00	11.63	11.60	11.63	11.60	11.63	11.60	0.52	0.52	12.15	12.15	12.12	12.15	12.12	12.15	12.12	12.15	12.12	12.15	XXX
76499		C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76499	26	C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76499	TC	C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76506		A	Echo exam of head	0.63	1.69	1.76	1.69	1.76	1.69	1.76	0.10	0.10	2.42	2.42	2.49	2.42	2.49	2.42	2.49	2.42	2.49	2.42	XXX
76506	26	A	Echo exam of head	0.63	0.22	0.29	0.22	0.29	0.22	0.29	0.03	0.03	0.88	0.88	0.95	0.88	0.95	0.88	0.95	0.88	0.95	0.88	XXX
76506	TC	A	Echo exam of head	0.00	1.47	1.47	1.47	1.47	1.47	1.47	0.07	0.07	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	XXX
76511		A	Echo exam of eye	0.94	1.70	1.59	1.70	1.59	1.70	1.59	0.09	0.09	2.73	2.73	2.62	2.73	2.62	2.73	2.62	2.73	2.62	2.73	XXX
76511	26	A	Echo exam of eye	0.94	0.40	0.30	0.40	0.30	0.40	0.30	0.03	0.03	1.37	1.37	1.27	1.37	1.27	1.37	1.27	1.37	1.27	1.37	XXX
76511	TC	A	Echo exam of eye	0.00	1.30	1.29	1.30	1.29	1.30	1.29	0.06	0.06	1.36	1.36	1.35	1.36	1.35	1.36	1.35	1.36	1.35	1.36	XXX
76512		A	Echo exam of eye	0.66	1.90	1.90	1.90	1.90	1.90	1.90	0.12	0.12	2.68	2.68	2.68	2.68	2.68	2.68	2.68	2.68	2.68	2.68	XXX
76512	26	A	Echo exam of eye	0.66	0.32	0.33	0.32	0.33	0.32	0.33	0.04	0.04	1.02	1.02	1.03	1.02	1.03	1.02	1.03	1.02	1.03	1.02	XXX
76512	TC	A	Echo exam of eye	0.00	1.58	1.57	1.58	1.57	1.58	1.57	0.08	0.08	1.66	1.66	1.65	1.66	1.65	1.66	1.65	1.66	1.65	1.66	XXX
76513		A	Echo exam of eye, water bath	0.66	1.89	1.90	1.89	1.90	1.89	1.90	0.12	0.12	2.67	2.67	2.68	2.67	2.68	2.67	2.68	2.67	2.68	2.67	XXX
76513	26	A	Echo exam of eye, water bath	0.66	0.31	0.33	0.31	0.33	0.31	0.33	0.04	0.04	1.01	1.01	1.03	1.01	1.03	1.01	1.03	1.01	1.03	1.01	XXX
76513	TC	A	Echo exam of eye, water bath	0.00	1.58	1.57	1.58	1.57	1.58	1.57	0.08	0.08	1.66	1.66	1.65	1.66	1.65	1.66	1.65	1.66	1.65	1.66	XXX
76516		A	Echo exam of eye	0.54	1.56	1.56	1.56	1.56	1.56	1.56	0.09	0.09	2.19	2.19	2.19	2.19	2.19	2.19	2.19	2.19	2.19	2.19	XXX
76516	26	A	Echo exam of eye	0.54	0.26	0.27	0.26	0.27	0.26	0.27	0.03	0.03	0.83	0.83	0.84	0.83	0.84	0.83	0.84	0.83	0.84	0.83	XXX
76516	TC	A	Echo exam of eye	0.00	1.30	1.29	1.30	1.29	1.30	1.29	0.06	0.06	1.36	1.36	1.35	1.36	1.35	1.36	1.35	1.36	1.35	1.36	XXX
76519		A	Echo exam of eye	0.54	1.57	1.56	1.57	1.56	1.57	1.56	0.09	0.09	2.20	2.20	2.19	2.20	2.19	2.20	2.19	2.20	2.19	2.20	XXX







## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Mal- practice		Transitioned Non- facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	Non- facility Total	Non- facility Total	Facility Total	Facility Total			
76815	TC	A	Echo exam of pregnant uterus	0.00	1.47	1.47	1.47	1.47	1.47	1.47	0.07	0.07	1.54	1.54	1.54	1.54	XXX
76816		A	Echo exam followup or repeat	0.57	1.35	1.41	1.41	1.35	1.41	1.41	0.08	0.08	2.00	2.06	2.06	2.06	XXX
76816	26	A	Echo exam followup or repeat	0.57	0.19	0.26	0.26	0.19	0.26	0.26	0.03	0.03	0.79	0.86	0.79	0.86	XXX
76816	TC	A	Echo exam followup or repeat	0.00	1.16	1.15	1.15	1.16	1.15	1.15	0.05	0.05	1.21	1.20	1.21	1.20	XXX
76818		A	Fetal biophysical profile	0.77	1.93	2.02	2.02	1.93	2.02	2.02	0.12	0.12	2.82	2.91	2.82	2.91	XXX
76818	26	A	Fetal biophysical profile	0.77	0.26	0.35	0.35	0.26	0.35	0.35	0.04	0.04	1.07	1.16	1.07	1.16	XXX
76818	TC	A	Fetal biophysical profile	0.00	1.67	1.67	1.67	1.67	1.67	1.67	0.08	0.08	1.75	1.75	1.75	1.75	XXX
76825		A	Echo exam of fetal heart	1.67	2.64	2.47	2.47	2.64	2.47	2.47	0.13	0.13	4.44	4.27	4.44	4.27	XXX
76825	26	A	Echo exam of fetal heart	1.67	0.59	0.43	0.43	0.59	0.43	0.43	0.04	0.04	2.30	2.14	2.30	2.14	XXX
76825	TC	A	Echo exam of fetal heart	0.00	2.05	2.04	2.04	2.05	2.04	2.04	0.09	0.09	2.14	2.13	2.14	2.13	XXX
76826		A	Echo exam of fetal heart	0.83	1.00	1.35	1.35	1.00	1.35	1.35	0.08	0.08	1.91	2.26	1.91	2.26	XXX
76826	26	A	Echo exam of fetal heart	0.83	0.27	0.62	0.62	0.27	0.62	0.62	0.04	0.04	1.14	1.49	1.14	1.49	XXX
76826	TC	A	Echo exam of fetal heart	0.00	0.73	0.73	0.73	0.73	0.73	0.73	0.04	0.04	0.77	0.77	0.77	0.77	XXX
76827		A	Echo exam of fetal heart	0.58	2.00	2.35	2.35	2.00	2.35	2.35	0.14	0.14	2.72	3.07	2.72	3.07	XXX
76827	26	A	Echo exam of fetal heart	0.58	0.21	0.57	0.57	0.21	0.57	0.57	0.04	0.04	0.83	1.19	0.83	1.19	XXX
76827	TC	A	Echo exam of fetal heart	0.00	1.79	1.78	1.78	1.79	1.78	1.78	0.10	0.10	1.89	1.88	1.89	1.88	XXX
76828		A	Echo exam of fetal heart	0.56	1.37	1.43	1.43	1.37	1.43	1.43	0.09	0.09	2.02	2.08	2.02	2.08	XXX
76828	26	A	Echo exam of fetal heart	0.56	0.21	0.28	0.28	0.21	0.28	0.28	0.02	0.02	0.79	0.86	0.79	0.86	XXX
76828	TC	A	Echo exam of fetal heart	0.00	1.16	1.15	1.15	1.16	1.15	1.15	0.07	0.07	1.23	1.22	1.23	1.22	XXX
76830		A	Echo exam, transvaginal	0.69	1.77	1.88	1.88	1.77	1.88	1.88	0.12	0.12	2.58	2.69	2.58	2.69	XXX
76830	26	A	Echo exam, transvaginal	0.69	0.19	0.31	0.31	0.19	0.31	0.31	0.04	0.04	0.92	1.04	0.92	1.04	XXX
76830	TC	A	Echo exam, transvaginal	0.00	1.58	1.57	1.57	1.58	1.57	1.57	0.08	0.08	1.66	1.65	1.66	1.65	XXX
76831		A	Echo exam, uterus	0.72	1.78	1.88	1.88	1.78	1.88	1.88	0.12	0.12	2.62	2.72	2.62	2.72	XXX
76831	26	A	Echo exam, uterus	0.72	0.20	0.31	0.31	0.20	0.31	0.31	0.04	0.04	0.96	1.07	0.96	1.07	XXX
76831	TC	A	Echo exam, uterus	0.00	1.58	1.57	1.57	1.58	1.57	1.58	0.08	0.08	1.66	1.65	1.66	1.65	XXX
76856		A	Echo exam of pelvis	0.69	1.77	1.88	1.88	1.77	1.88	1.88	0.12	0.12	2.58	2.69	2.58	2.69	XXX
76856	26	A	Echo exam of pelvis	0.69	0.19	0.31	0.31	0.19	0.31	0.31	0.04	0.04	0.92	1.04	0.92	1.04	XXX
76856	TC	A	Echo exam of pelvis	0.00	1.58	1.57	1.57	1.58	1.57	1.57	0.08	0.08	1.66	1.65	1.66	1.65	XXX
76857		A	Echo exam of pelvis	0.38	1.19	1.25	1.25	1.19	1.25	1.25	0.07	0.07	1.64	1.70	1.64	1.70	XXX
76857	26	A	Echo exam of pelvis	0.38	0.11	0.16	0.16	0.11	0.16	0.16	0.02	0.02	0.51	0.56	0.51	0.56	XXX
76857	TC	A	Echo exam of pelvis	0.00	1.08	1.09	1.09	1.08	1.09	1.09	0.05	0.05	1.13	1.14	1.13	1.14	XXX
76870		A	Echo exam of scrotum	0.64	1.76	1.85	1.85	1.76	1.85	1.85	0.11	0.11	2.51	2.60	2.51	2.60	XXX
76870	26	A	Echo exam of scrotum	0.64	0.18	0.28	0.28	0.18	0.28	0.28	0.03	0.03	0.85	0.95	0.85	0.95	XXX
76870	TC	A	Echo exam of scrotum	0.00	1.58	1.57	1.57	1.58	1.57	1.57	0.08	0.08	1.66	1.65	1.66	1.65	XXX
76872		A	Echo exam, transrectal	0.69	1.79	1.89	1.89	1.79	1.89	1.89	0.12	0.12	2.60	2.70	2.60	2.70	XXX
76872	26	A	Echo exam, transrectal	0.69	0.21	0.32	0.32	0.21	0.32	0.32	0.04	0.04	0.94	1.05	0.94	1.05	XXX
76872	TC	A	Echo exam, transrectal	0.00	1.58	1.57	1.57	1.58	1.57	1.57	0.08	0.08	1.66	1.65	1.66	1.65	XXX
76880		A	Echo exam of extremity	0.59	1.64	1.73	1.73	1.64	1.73	1.73	0.10	0.10	2.33	2.42	2.33	2.42	XXX
76880	26	A	Echo exam of extremity	0.59	0.17	0.26	0.26	0.17	0.26	0.26	0.03	0.03	0.79	0.88	0.79	0.88	XXX
76880	TC	A	Echo exam of extremity	0.00	1.47	1.47	1.47	1.47	1.47	1.47	0.07	0.07	1.54	1.54	1.54	1.54	XXX







## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility			Transitional			Facility			Transitional			Facility			Global
					practice RVUs	expense RVUs	Non-facility RVUs	practice RVUs	expense RVUs	Facility RVUs	practice RVUs	expense RVUs	Facility RVUs	Non-facility RVUs	practice RVUs	expense RVUs	Facility RVUs	Non-facility RVUs	practice RVUs	
76960	26	A	Echo guidance radiotherapy	0.58	0.18	0.26	0.18	0.26	0.18	0.26	0.03	0.26	0.79	0.87	0.79	0.87	0.79	0.87	0.87	XXX
76960	TC	A	Echo guidance radiotherapy	0.00	1.34	1.35	1.34	1.35	1.34	1.35	0.06	1.35	1.40	1.41	1.40	1.41	1.40	1.41	1.41	XXX
76965		A	Echo guidance radiotherapy	1.34	6.20	7.08	6.20	7.08	6.20	7.08	0.41	7.08	7.95	8.83	7.95	8.83	7.95	8.83	8.83	XXX
76965	26	A	Echo guidance radiotherapy	1.34	0.42	1.31	0.42	1.31	0.42	1.31	0.15	1.31	1.91	2.80	1.91	2.80	1.91	2.80	2.80	XXX
76965	TC	A	Echo guidance radiotherapy	0.00	5.78	5.77	5.78	5.77	5.78	5.77	0.26	5.77	6.04	6.03	6.04	6.03	6.04	6.03	6.03	XXX
76970		A	Ultrasound exam follow-up	0.40	1.19	1.27	1.19	1.27	1.19	1.27	0.07	1.27	1.66	1.74	1.66	1.74	1.66	1.74	1.74	XXX
76970	26	A	Ultrasound exam follow-up	0.40	0.11	0.18	0.11	0.18	0.11	0.18	0.02	0.18	0.53	0.60	0.53	0.60	0.53	0.60	0.60	XXX
76970	TC	A	Ultrasound exam follow-up	0.00	1.08	1.09	1.08	1.09	1.08	1.09	0.05	1.09	1.13	1.14	1.13	1.14	1.13	1.14	1.14	XXX
76975		A	GI endoscopic ultrasound	0.81	1.84	1.91	1.84	1.91	1.84	1.91	0.12	1.91	2.77	2.84	2.77	2.84	2.77	2.84	2.84	XXX
76975	26	A	GI endoscopic ultrasound	0.81	0.26	0.34	0.26	0.34	0.26	0.34	0.04	0.34	1.11	1.19	1.11	1.19	1.11	1.19	1.19	XXX
76975	TC	A	GI endoscopic ultrasound	0.00	1.58	1.57	1.58	1.57	1.58	1.57	0.08	1.57	1.66	1.65	1.66	1.65	1.66	1.65	1.65	XXX
76977		R	Us bone density measure	0.22	0.94	0.94	0.94	0.94	0.94	0.94	0.06	0.94	1.22	1.22	1.22	1.22	1.22	1.22	1.22	XXX
76977	26	R	Us bone density measure	0.22	0.08	0.08	0.08	0.08	0.08	0.08	0.02	0.08	0.32	0.32	0.32	0.32	0.32	0.32	0.32	XXX
76977	TC	R	Us bone density measure	0.00	0.86	0.86	0.86	0.86	0.86	0.86	0.04	0.86	0.90	0.90	0.90	0.90	0.90	0.90	0.90	XXX
76986		A	Echo exam at surgery	1.20	3.09	3.25	3.09	3.25	3.09	3.25	0.19	3.25	4.48	4.64	4.48	4.64	4.48	4.64	4.64	XXX
76986	26	A	Echo exam at surgery	1.20	0.36	0.53	0.36	0.53	0.36	0.53	0.06	0.53	1.62	1.79	1.62	1.79	1.62	1.79	1.79	XXX
76986	TC	A	Echo exam at surgery	0.00	2.73	2.72	2.73	2.72	2.73	2.72	0.13	2.72	2.86	2.85	2.86	2.85	2.86	2.85	2.85	XXX
76999		C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76999	26	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76999	TC	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77261		A	Radiation therapy planning	1.39	0.45	0.62	0.45	0.62	0.45	0.62	0.07	0.62	1.91	2.08	1.91	2.08	1.91	2.08	2.08	XXX
77262		A	Radiation therapy planning	2.11	0.68	0.94	0.68	0.94	0.68	0.94	0.11	0.94	2.90	3.16	2.90	3.16	2.90	3.16	3.16	XXX
77263		A	Radiation therapy planning	3.14	0.99	1.39	0.99	1.39	0.99	1.39	0.16	1.39	4.29	4.69	4.29	4.69	4.29	4.69	4.69	XXX
77280		A	Set radiation therapy field	0.70	3.81	3.91	3.81	3.91	3.81	3.91	0.20	3.91	4.71	4.81	4.71	4.81	4.71	4.81	4.81	XXX
77280	26	A	Set radiation therapy field	0.70	0.20	0.31	0.20	0.31	0.20	0.31	0.04	0.31	0.94	1.05	0.94	1.05	0.94	1.05	1.05	XXX
77280	TC	A	Set radiation therapy field	0.00	3.61	3.60	3.61	3.60	3.61	3.60	0.16	3.60	3.77	3.76	3.77	3.76	3.77	3.76	3.76	XXX
77285		A	Set radiation therapy field	1.05	6.07	6.22	6.07	6.22	6.07	6.22	0.32	6.22	7.44	7.59	7.44	7.59	7.44	7.59	7.59	XXX
77285	26	A	Set radiation therapy field	1.05	0.29	0.45	0.29	0.45	0.29	0.45	0.05	0.45	1.39	1.55	1.39	1.55	1.39	1.55	1.55	XXX
77285	TC	A	Set radiation therapy field	0.00	5.78	5.77	5.78	5.77	5.78	5.77	0.27	5.77	6.05	6.04	6.05	6.04	6.05	6.04	6.04	XXX
77290		A	Set radiation therapy field	1.56	7.18	7.42	7.18	7.42	7.18	7.42	0.40	7.42	9.14	9.38	9.14	9.38	9.14	9.38	9.38	XXX
77290	26	A	Set radiation therapy field	1.56	0.43	0.68	0.43	0.68	0.43	0.68	0.09	0.68	2.08	2.33	2.08	2.33	2.08	2.33	2.33	XXX
77290	TC	A	Set radiation therapy field	0.00	6.75	6.74	6.75	6.74	6.75	6.74	0.31	6.74	7.06	7.05	7.06	7.05	7.06	7.05	7.05	XXX
77295		A	Set radiation therapy field	4.57	30.25	30.91	30.25	30.91	30.25	30.91	1.51	30.91	36.33	36.99	36.33	36.99	36.33	36.99	36.99	XXX
77295	26	A	Set radiation therapy field	4.57	1.27	2.00	1.27	2.00	1.27	2.00	0.18	2.00	6.02	6.75	6.02	6.75	6.02	6.75	6.75	XXX
77295	TC	A	Set radiation therapy field	0.00	28.98	28.91	28.98	28.91	28.98	28.91	1.33	28.91	30.31	30.24	30.31	30.24	30.31	30.24	30.24	XXX
77299		C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77299	26	C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77299	TC	C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77300		A	Radiation therapy dose plan	0.62	1.57	1.66	1.57	1.66	1.57	1.66	0.09	1.66	2.28	2.37	2.28	2.37	2.28	2.37	2.37	XXX
77300	26	A	Radiation therapy dose plan	0.62	0.18	0.27	0.18	0.27	0.18	0.27	0.03	0.27	0.83	0.92	0.83	0.92	0.83	0.92	0.92	XXX







## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Non- facility		Transitioned Facility		Non- facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
77381	26	C	Proton beam treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77381	TC	C	Proton beam treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77399		C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77399	26	C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77399	TC	C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77401		A	Radiation treatment delivery	0.00	1.84	1.83	1.83	1.84	1.83	1.83	0.09	0.09	1.93	1.93	1.92	1.93	1.92	1.92	XXX
77402		A	Radiation treatment delivery	0.00	1.84	1.83	1.83	1.84	1.83	1.83	0.09	0.09	1.93	1.93	1.92	1.93	1.92	1.92	XXX
77403		A	Radiation treatment delivery	0.00	1.84	1.83	1.83	1.84	1.83	1.83	0.09	0.09	1.93	1.93	1.92	1.93	1.92	1.92	XXX
77404		A	Radiation treatment delivery	0.00	1.84	1.83	1.83	1.84	1.83	1.83	0.09	0.09	1.93	1.93	1.92	1.93	1.92	1.92	XXX
77406		A	Radiation treatment delivery	0.00	1.84	1.83	1.83	1.84	1.83	1.83	0.09	0.09	1.93	1.93	1.92	1.93	1.92	1.92	XXX
77407		A	Radiation treatment delivery	0.00	2.17	2.16	2.16	2.17	2.16	2.16	0.10	0.10	2.27	2.27	2.26	2.27	2.26	2.26	XXX
77408		A	Radiation treatment delivery	0.00	2.17	2.16	2.16	2.17	2.16	2.16	0.10	0.10	2.27	2.27	2.26	2.27	2.26	2.26	XXX
77409		A	Radiation treatment delivery	0.00	2.17	2.16	2.16	2.17	2.16	2.16	0.10	0.10	2.27	2.27	2.26	2.27	2.26	2.26	XXX
77411		A	Radiation treatment delivery	0.00	2.17	2.16	2.16	2.17	2.16	2.16	0.10	0.10	2.27	2.27	2.26	2.27	2.26	2.26	XXX
77412		A	Radiation treatment delivery	0.00	2.42	2.41	2.41	2.42	2.41	2.41	0.12	0.12	2.54	2.54	2.53	2.54	2.53	2.53	XXX
77413		A	Radiation treatment delivery	0.00	2.42	2.41	2.41	2.42	2.41	2.41	0.12	0.12	2.54	2.54	2.53	2.54	2.53	2.53	XXX
77414		A	Radiation treatment delivery	0.00	2.42	2.41	2.41	2.42	2.41	2.41	0.12	0.12	2.54	2.54	2.53	2.54	2.53	2.53	XXX
77416		A	Radiation treatment delivery	0.00	2.42	2.41	2.41	2.42	2.41	2.41	0.12	0.12	2.54	2.54	2.53	2.54	2.53	2.53	XXX
77417		A	Radiology port film(s)	0.00	0.61	0.61	0.61	0.61	0.61	0.61	0.03	0.03	0.64	0.64	0.64	0.64	0.64	0.64	XXX
77419		A	Weekly radiation therapy	3.60	1.14	1.60	1.60	1.14	1.60	1.14	0.18	0.18	4.92	4.92	5.38	4.92	5.38	5.38	XXX
77420		A	Weekly radiation therapy	1.61	0.54	0.72	0.72	0.54	0.72	0.54	0.09	0.09	2.24	2.24	2.42	2.24	2.42	2.42	XXX
77425		A	Weekly radiation therapy	2.44	0.79	1.09	1.09	0.79	1.09	0.79	0.13	0.13	3.36	3.36	3.66	3.36	3.66	3.66	XXX
77430		A	Weekly radiation therapy	3.60	1.14	1.60	1.60	1.14	1.60	1.14	0.18	0.18	4.92	4.92	5.38	4.92	5.38	5.38	XXX
77431		A	Radiation therapy management	1.81	0.62	0.82	0.82	0.62	0.82	0.62	0.09	0.09	2.52	2.52	2.72	2.52	2.72	2.72	XXX
77432		A	Stereotactic radiation trmt	7.93	2.56	4.66	4.66	2.56	4.66	2.56	0.31	0.31	10.80	10.80	12.90	10.80	12.90	12.90	XXX
77470	26	A	Special radiation treatment	2.09	12.14	12.44	12.44	12.14	12.44	12.44	0.63	0.63	14.86	14.86	15.16	14.86	15.16	15.16	XXX
77470	TC	A	Special radiation treatment	2.09	0.58	0.90	0.90	0.58	0.90	0.58	0.11	0.11	2.78	2.78	3.10	2.78	3.10	3.10	XXX
77470		A	Special radiation treatment	0.00	11.56	11.56	11.56	11.56	11.56	11.56	0.52	0.52	12.08	12.08	12.06	12.08	12.06	12.06	XXX
77499		C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77499	26	C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77499	TC	C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77600		R	Hyperthermia treatment	1.56	3.58	3.83	3.83	3.58	3.83	3.83	0.23	0.23	5.37	5.37	5.62	5.37	5.62	5.62	090
77600	26	R	Hyperthermia treatment	1.56	0.43	0.68	0.68	0.43	0.68	0.43	0.09	0.09	2.08	2.08	2.33	2.08	2.33	2.33	090
77600	TC	R	Hyperthermia treatment	0.00	3.15	3.15	3.15	3.15	3.15	3.15	0.14	0.14	3.29	3.29	3.29	3.29	3.29	3.29	090
77605		R	Hyperthermia treatment	2.09	4.79	5.10	5.10	4.79	5.10	5.10	0.31	0.31	7.19	7.19	7.50	7.19	7.50	7.50	090
77605	26	R	Hyperthermia treatment	2.09	0.58	0.90	0.90	0.58	0.90	0.58	0.11	0.11	2.78	2.78	3.10	2.78	3.10	3.10	090
77605	TC	R	Hyperthermia treatment	0.00	4.21	4.21	4.21	4.21	4.21	4.21	0.20	0.20	4.41	4.41	4.40	4.41	4.40	4.40	090
77610		R	Hyperthermia treatment	1.56	3.64	3.84	3.84	3.64	3.84	3.84	0.23	0.23	5.43	5.43	5.63	5.43	5.63	5.63	090
77610	26	R	Hyperthermia treatment	1.56	0.49	0.69	0.69	0.49	0.69	0.49	0.09	0.09	2.14	2.14	2.34	2.14	2.34	2.34	090
77610	TC	R	Hyperthermia treatment	0.00	3.15	3.15	3.15	3.15	3.15	3.15	0.14	0.14	3.29	3.29	3.29	3.29	3.29	3.29	090



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility			Transitioned Non-facility			Transitioned Facility			Non- facility			Transitioned Facility			Global		
					practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs
77615		R	Hyperthermia treatment	2.09	4.78	5.10	4.78	5.10	4.78	5.10	5.10	5.10	5.10	0.31	7.18	7.50	7.18	7.50	7.18	7.50	090	090
77615	26	R	Hyperthermia treatment	2.09	0.57	0.90	0.57	0.90	0.57	0.90	0.90	0.90	0.90	0.11	2.77	3.10	2.77	3.10	2.77	3.10	090	090
77615	TC	R	Hyperthermia treatment	0.00	4.21	4.20	4.21	4.20	4.21	4.20	4.20	4.20	4.20	0.20	4.41	4.40	4.41	4.40	4.41	4.40	090	090
77620		R	Hyperthermia treatment	1.56	3.66	3.85	3.66	3.85	3.66	3.85	3.85	3.85	3.85	0.23	5.45	5.64	5.45	5.64	5.45	5.64	090	090
77620	26	R	Hyperthermia treatment	1.56	0.51	0.70	0.51	0.70	0.51	0.70	0.70	0.70	0.70	0.09	2.16	2.35	2.16	2.35	2.16	2.35	090	090
77620	TC	R	Hyperthermia treatment	0.00	3.15	3.15	3.15	3.15	3.15	3.15	3.15	3.15	3.15	0.14	3.29	3.29	3.29	3.29	3.29	3.29	090	090
77750		A	Infuse radioactive materials	4.91	2.74	3.39	2.74	3.39	2.74	3.39	3.39	3.39	3.39	0.29	7.94	8.59	7.94	8.59	7.94	8.59	090	090
77750	26	A	Infuse radioactive materials	4.91	1.37	2.01	1.37	2.01	1.37	2.01	2.01	2.01	2.01	0.23	6.51	7.15	6.51	7.15	6.51	7.15	090	090
77750	TC	A	Infuse radioactive materials	0.00	1.37	1.38	1.37	1.38	1.37	1.38	1.38	1.38	1.38	0.06	1.43	1.44	1.43	1.44	1.43	1.44	090	090
77761		A	Radioelement application	3.81	3.57	4.13	3.57	4.13	3.57	4.13	4.13	4.13	4.13	0.31	7.69	8.25	7.69	8.25	7.69	8.25	090	090
77761	26	A	Radioelement application	3.81	0.97	1.54	0.97	1.54	0.97	1.54	1.54	1.54	1.54	0.18	4.96	5.53	4.96	5.53	4.96	5.53	090	090
77761	TC	A	Radioelement application	0.00	2.60	2.59	2.60	2.59	2.60	2.59	2.59	2.59	2.59	0.13	2.73	2.72	2.73	2.72	2.73	2.72	090	090
77762		A	Radioelement application	5.72	5.30	6.06	5.30	6.06	5.30	6.06	6.06	6.06	6.06	0.44	11.46	12.22	11.46	12.22	11.46	12.22	090	090
77762	26	A	Radioelement application	5.72	1.56	2.33	1.56	2.33	1.56	2.33	2.33	2.33	2.33	0.27	7.55	8.32	7.55	8.32	7.55	8.32	090	090
77762	TC	A	Radioelement application	0.00	3.74	3.73	3.74	3.73	3.74	3.73	3.73	3.73	3.73	0.17	3.91	3.90	3.91	3.90	3.91	3.90	090	090
77763		A	Radioelement application	8.57	6.94	8.14	6.94	8.14	6.94	8.14	8.14	8.14	8.14	0.60	16.11	17.31	16.11	17.31	16.11	17.31	090	090
77763	26	A	Radioelement application	8.57	2.28	3.49	2.28	3.49	2.28	3.49	3.49	3.49	3.49	0.39	11.24	12.45	11.24	12.45	11.24	12.45	090	090
77763	TC	A	Radioelement application	0.00	4.66	4.65	4.66	4.65	4.66	4.65	4.65	4.65	4.65	0.21	4.87	4.86	4.87	4.86	4.87	4.86	090	090
77776		A	Radioelement application	4.66	3.44	4.25	3.44	4.25	3.44	4.25	4.25	4.25	4.25	0.35	8.45	9.26	8.45	9.26	8.45	9.26	XXX	XXX
77776	26	A	Radioelement application	4.66	1.19	2.00	1.19	2.00	1.19	2.00	2.00	2.00	2.00	0.24	6.09	6.90	6.09	6.90	6.09	6.90	XXX	XXX
77776	TC	A	Radioelement application	0.00	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25	0.11	2.36	2.36	2.36	2.36	2.36	2.36	090	090
77777		A	Radioelement application	7.48	6.61	7.49	6.61	7.49	6.61	7.49	7.49	7.49	7.49	0.55	14.64	15.52	14.64	15.52	14.64	15.52	090	090
77777	26	A	Radioelement application	7.48	2.21	3.10	2.21	3.10	2.21	3.10	3.10	3.10	3.10	0.35	10.04	10.93	10.04	10.93	10.04	10.93	090	090
77777	TC	A	Radioelement application	0.00	4.40	4.39	4.40	4.39	4.40	4.39	4.39	4.39	4.39	0.20	4.60	4.59	4.60	4.59	4.60	4.59	090	090
77778		A	Radioelement application	11.19	8.48	9.92	8.48	9.92	8.48	9.92	9.92	9.92	9.92	0.76	20.43	21.87	20.43	21.87	20.43	21.87	090	090
77778	26	A	Radioelement application	11.19	3.16	4.61	3.16	4.61	3.16	4.61	4.61	4.61	4.61	0.52	14.87	16.32	14.87	16.32	14.87	16.32	090	090
77778	TC	A	Radioelement application	0.00	5.32	5.31	5.32	5.31	5.32	5.31	5.31	5.31	5.31	0.24	5.56	5.55	5.56	5.55	5.56	5.55	090	090
77781		A	High intensity brachytherapy	1.66	21.55	21.71	21.55	21.71	21.55	21.71	21.71	21.71	21.71	1.04	24.25	24.41	24.25	24.41	24.25	24.41	090	090
77781	26	A	High intensity brachytherapy	1.66	0.49	0.69	0.49	0.69	0.49	0.69	0.69	0.69	0.69	0.09	2.24	2.44	2.24	2.44	2.24	2.44	090	090
77781	TC	A	High intensity brachytherapy	0.00	21.06	21.02	21.06	21.02	21.06	21.02	21.02	21.02	21.02	0.95	22.01	21.97	22.01	21.97	22.01	21.97	090	090
77782		A	High intensity brachytherapy	2.49	21.76	22.05	21.76	22.05	21.76	22.05	22.05	22.05	22.05	1.08	25.33	25.62	25.33	25.62	25.33	25.62	090	090
77782	26	A	High intensity brachytherapy	2.49	0.70	1.03	0.70	1.03	0.70	1.03	1.03	1.03	1.03	0.13	3.32	3.65	3.32	3.65	3.32	3.65	090	090
77782	TC	A	High intensity brachytherapy	0.00	21.06	21.02	21.06	21.02	21.06	21.02	21.02	21.02	21.02	0.95	22.01	21.97	22.01	21.97	22.01	21.97	090	090
77783		A	High intensity brachytherapy	3.73	22.09	22.54	22.09	22.54	22.09	22.54	22.54	22.54	22.54	1.13	26.95	27.40	26.95	27.40	26.95	27.40	090	090
77783	26	A	High intensity brachytherapy	3.73	1.03	1.52	1.03	1.52	1.03	1.52	1.52	1.52	1.52	0.18	4.94	5.43	4.94	5.43	4.94	5.43	090	090
77783	TC	A	High intensity brachytherapy	0.00	21.06	21.02	21.06	21.02	21.06	21.02	21.02	21.02	21.02	0.95	22.01	21.97	22.01	21.97	22.01	21.97	090	090
77784		A	High intensity brachytherapy	5.61	22.63	23.32	22.63	23.32	22.63	23.32	23.32	23.32	23.32	1.22	29.46	30.15	29.46	30.15	29.46	30.15	090	090
77784	26	A	High intensity brachytherapy	5.61	1.57	2.30	1.57	2.30	1.57	2.30	2.30	2.30	2.30	0.27	7.45	8.18	7.45	8.18	7.45	8.18	090	090
77784	TC	A	High intensity brachytherapy	0.00	21.06	21.02	21.06	21.02	21.06	21.02	21.02	21.02	21.02	0.95	22.01	21.97	22.01	21.97	22.01	21.97	090	090
77789		A	Radioelement application	1.12	0.78	0.93	0.78	0.93	0.78	0.93	0.93	0.93	0.93	0.07	1.97	2.12	1.97	2.12	1.97	2.12	090	090

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CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility			Transitioned			Transitioned			Transitioned			Global
					Non- facility practice expense RVUs	Non- facility practice expense RVUs	Non- facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Mal- practice RVUs	Non- facility		Facility			
												Total	Facility	Total	Facility	Total	
7777789	26	A	Radioelement application	1.12	0.32	0.46	0.32	0.46	0.05	1.49	1.63	1.49	1.63	0.90			
7777789	TC	A	Radioelement application	0.00	0.46	0.47	0.46	0.47	0.02	0.48	0.49	0.48	0.49	0.90			
7777790	A	A	Radioelement handling	1.05	0.81	0.97	0.81	0.97	0.07	1.93	2.09	1.93	2.09	XXX			
7777790	26	A	Radioelement handling	1.05	0.29	0.45	0.29	0.45	0.05	1.39	1.55	1.39	1.55	XXX			
7777790	TC	A	Radioelement handling	0.00	0.52	0.52	0.52	0.52	0.02	0.54	0.54	0.54	0.54	XXX			
7777799	C	Radium/radioisotope therapy		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX			
7777799	26	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX			
7777799	TC	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX			
78000	A	A	Thyroid, single uptake	0.19	1.05	1.09	1.05	1.09	0.06	1.30	1.34	1.30	1.34	XXX			
78000	26	A	Thyroid, single uptake	0.19	0.05	0.09	0.05	0.09	0.01	0.25	0.29	0.25	0.29	XXX			
78000	TC	A	Thyroid, single uptake	0.00	1.00	1.00	1.00	1.00	0.05	1.05	1.05	1.05	1.05	XXX			
78001	A	A	Thyroid, multiple uptakes	0.26	1.41	1.47	1.41	1.47	0.08	1.75	1.81	1.75	1.81	XXX			
78001	26	A	Thyroid, multiple uptakes	0.26	0.07	0.12	0.07	0.12	0.02	0.35	0.40	0.35	0.40	XXX			
78001	TC	A	Thyroid, multiple uptakes	0.00	1.34	1.35	1.34	1.35	0.06	1.40	1.41	1.40	1.41	XXX			
78003	A	A	Thyroid suppress/stimul	0.33	1.09	1.14	1.09	1.14	0.07	1.49	1.54	1.49	1.54	XXX			
78003	26	A	Thyroid suppress/stimul	0.33	0.09	0.14	0.09	0.14	0.02	0.44	0.49	0.44	0.49	XXX			
78003	TC	A	Thyroid suppress/stimul	0.00	1.00	1.00	1.00	1.00	0.05	1.05	1.05	1.05	1.05	XXX			
78006	A	A	Thyroid,imaging with uptake	0.49	2.61	2.68	2.61	2.68	0.14	3.24	3.31	3.24	3.31	XXX			
78006	26	A	Thyroid,imaging with uptake	0.49	0.13	0.21	0.13	0.21	0.02	0.64	0.72	0.64	0.72	XXX			
78006	TC	A	Thyroid,imaging with uptake	0.00	2.48	2.47	2.48	2.47	0.12	2.60	2.59	2.60	2.59	XXX			
78007	A	A	Thyroid, image, mult uptakes	0.50	2.80	2.88	2.80	2.88	0.15	3.45	3.53	3.45	3.53	XXX			
78007	26	A	Thyroid, image, mult uptakes	0.50	0.13	0.22	0.13	0.22	0.02	0.65	0.74	0.65	0.74	XXX			
78007	TC	A	Thyroid, image, mult uptakes	0.00	2.67	2.66	2.67	2.66	0.13	2.80	2.79	2.80	2.79	XXX			
78010	A	A	Thyroid imaging	0.39	1.99	2.04	1.99	2.04	0.11	2.49	2.54	2.49	2.54	XXX			
78010	26	A	Thyroid imaging	0.39	0.10	0.16	0.10	0.16	0.02	0.51	0.57	0.51	0.57	XXX			
78010	TC	A	Thyroid imaging	0.00	1.89	1.88	1.89	1.88	0.09	1.98	1.97	1.98	1.97	XXX			
78011	A	A	Thyroid imaging with flow	0.45	2.62	2.69	2.62	2.69	0.14	3.21	3.28	3.21	3.28	XXX			
78011	26	A	Thyroid imaging with flow	0.45	0.12	0.20	0.12	0.20	0.02	0.59	0.67	0.59	0.67	XXX			
78011	TC	A															

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>1</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitional Non-facility		Transitional Facility		Mal- practice		Non- facility		Transitional Facility		Facility		Transitional Facility		Global
					expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	RVUs	RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	RVUs	RVUs	expense RVUs	practice RVUs	
78018	TC	A	Thyroid, met imaging, body	0.00	5.63	5.63	5.62	5.63	5.62	5.63	0.26	5.62	5.89	5.88	5.88	5.89	5.88	5.88	5.88	5.88	XXX
78020		A	Thyroid met uptake	0.60	0.17	0.17	0.17	0.17	0.17	0.17	0.08	0.17	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	ZZZ
78070		A	Parathyroid nuclear imaging	0.82	2.12	2.12	2.13	2.12	2.13	2.13	0.12	2.13	3.06	3.07	3.07	3.06	3.07	3.07	3.07	3.07	XXX
78070	26	A	Parathyroid nuclear imaging	0.82	0.23	0.23	0.25	0.23	0.25	0.23	0.03	0.25	1.08	1.10	1.10	1.08	1.10	1.10	1.10	1.10	XXX
78070	TC	A	Parathyroid nuclear imaging	0.00	1.89	1.89	1.88	1.89	1.88	1.89	0.09	1.88	1.98	1.97	1.97	1.98	1.97	1.98	1.97	1.97	XXX
78075		A	Adrenal nuclear imaging	0.74	5.84	5.84	5.95	5.84	5.95	5.84	0.30	5.95	6.88	6.99	6.99	6.88	6.99	6.88	6.99	6.99	XXX
78075	26	A	Adrenal nuclear imaging	0.74	0.21	0.21	0.33	0.21	0.33	0.21	0.04	0.33	0.99	1.11	1.11	0.99	1.11	0.99	1.11	1.11	XXX
78075	TC	A	Adrenal nuclear imaging	0.00	5.63	5.63	5.62	5.63	5.62	5.63	0.26	5.62	5.89	5.88	5.88	5.89	5.88	5.89	5.88	5.88	XXX
78099		C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78099	26	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78099	TC	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78102		A	Bone marrow imaging, ltd	0.55	2.27	2.27	2.35	2.27	2.35	2.27	0.13	2.35	2.95	3.03	3.03	2.95	3.03	2.95	3.03	3.03	XXX
78102	26	A	Bone marrow imaging, ltd	0.55	0.15	0.15	0.24	0.15	0.24	0.15	0.03	0.24	0.73	0.82	0.82	0.73	0.82	0.73	0.82	0.82	XXX
78102	TC	A	Bone marrow imaging, ltd	0.00	2.12	2.12	2.11	2.12	2.11	2.12	0.10	2.11	2.22	2.21	2.21	2.22	2.21	2.22	2.21	2.21	XXX
78103		A	Bone marrow imaging, mult	0.75	3.49	3.49	3.61	3.49	3.61	3.49	0.19	3.61	4.43	4.55	4.55	4.43	4.55	4.43	4.55	4.55	XXX
78103	26	A	Bone marrow imaging, mult	0.75	0.21	0.21	0.33	0.21	0.33	0.21	0.04	0.33	1.00	1.12	1.12	1.00	1.12	1.00	1.12	1.12	XXX
78103	TC	A	Bone marrow imaging, mult	0.00	3.28	3.28	3.28	3.28	3.28	3.28	0.15	3.28	3.43	3.43	3.43	3.43	3.43	3.43	3.43	3.43	XXX
78104		A	Bone marrow imaging, body	0.80	4.44	4.44	4.57	4.44	4.57	4.44	0.24	4.57	5.48	5.61	5.61	5.48	5.61	5.48	5.61	5.61	XXX
78104	26	A	Bone marrow imaging, body	0.80	0.22	0.22	0.36	0.22	0.36	0.22	0.04	0.36	1.06	1.20	1.20	1.06	1.20	1.06	1.20	1.20	XXX
78104	TC	A	Bone marrow imaging, body	0.00	4.22	4.22	4.21	4.22	4.21	4.22	0.20	4.21	4.42	4.41	4.41	4.42	4.41	4.42	4.41	4.41	XXX
78110		A	Plasma volume, single	0.19	1.03	1.03	1.07	1.03	1.07	1.03	0.06	1.07	1.28	1.32	1.32	1.28	1.32	1.28	1.32	1.32	XXX
78110	26	A	Plasma volume, single	0.19	0.05	0.05	0.09	0.05	0.09	0.05	0.01	0.09	0.25	0.29	0.29	0.25	0.29	0.25	0.29	0.29	XXX
78110	TC	A	Plasma volume, single	0.00	0.98	0.98	0.98	0.98	0.98	0.98	0.05	0.98	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	XXX
78111		A	Plasma volume, multiple	0.22	2.73	2.73	2.76	2.73	2.76	2.73	0.15	2.76	3.10	3.13	3.13	3.10	3.13	3.10	3.13	3.13	XXX
78111	26	A	Plasma volume, multiple	0.22	0.06	0.06	0.10	0.06	0.10	0.06	0.02	0.10	0.30	0.34	0.34	0.30	0.34	0.30	0.34	0.34	XXX
78111	TC	A	Plasma volume, multiple	0.00	2.67	2.67	2.66	2.67	2.66	2.67	0.13	2.66	2.80	2.79	2.79	2.80	2.79	2.80	2.79	2.79	XXX
78120		A	Red cell mass, single	0.23	1.86	1.86	1.90	1.86	1.90	1.86	0.11	1.90	2.20	2.24	2.24	2.20	2.24	2.20	2.24	2.24	XXX
78120	26	A	Red cell mass, single	0.23	0.06	0.06	0.11	0.06	0.11	0.06	0.02	0.11	0.31	0.36	0.36	0.31	0.36	0.31	0.36	0.36	XXX
78120	TC	A	Red cell mass, single	0.00	1.80	1.80	1.79	1.80	1.79	1.80	0.09	1.79	1.89	1.88	1.88	1.89	1.88	1.89	1.88	1.88	XXX
78121		A	Red cell mass, multiple	0.32	3.11	3.11	3.15	3.11	3.15	3.11	0.15	3.15	3.58	3.62	3.62	3.58	3.62	3.58	3.62	3.62	XXX
78121	26	A	Red cell mass, multiple	0.32	0.09	0.09	0.14	0.09	0.14	0.09	0.02	0.14	0.43	0.48	0.48	0.43	0.48	0.43	0.48	0.48	XXX
78121	TC	A	Red cell mass, multiple	0.00	3.02	3.02	3.01	3.02	3.01	3.02	0.13	3.01	3.15	3.14	3.14	3.15	3.14	3.15	3.14	3.14	XXX
78122		A	Blood volume	0.45	4.90	4.90	4.97	4.90	4.97	4.90	0.24	4.97	5.59	5.66	5.66	5.59	5.66	5.59	5.66	5.66	XXX
78122	26	A	Blood volume	0.45	0.12	0.12	0.20	0.12	0.20	0.12	0.02	0.20	0.59	0.67	0.67	0.59	0.67	0.59	0.67	0.67	XXX
78122	TC	A	Blood volume	0.00	4.78	4.78	4.77	4.78	4.77	4.78	0.22	4.77	5.00	4.99	4.99	5.00	4.99	5.00	4.99	4.99	XXX
78130		A	Red cell survival study	0.61	3.14	3.14	3.22	3.14	3.22	3.14	0.16	3.22	3.91	3.99	3.99	3.91	3.99	3.91	3.99	3.99	XXX
78130	26	A	Red cell survival study	0.61	0.18	0.18	0.27	0.18	0.27	0.18	0.03	0.27	0.82	0.91	0.91	0.82	0.91	0.82	0.91	0.91	XXX
78130	TC	A	Red cell survival study	0.00	2.96	2.96	2.95	2.96	2.95	2.96	0.13	2.95	3.09	3.08	3.08	3.09	3.08	3.09	3.08	3.08	XXX
78135		A	Red cell survival kinetics	0.64	5.23	5.23	5.32	5.23	5.32	5.23	0.26	5.32	6.13	6.22	6.22	6.13	6.22	6.13	6.22	6.22	XXX
78135	26	A	Red cell survival kinetics	0.64	0.18	0.18	0.28	0.18	0.28	0.18	0.03	0.28	0.85	0.95	0.95	0.85	0.95	0.85	0.95	0.95	XXX

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CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup>			non-facility			transitional			Facility			Transitioned			Global
				RVUs	practice expense	facility	Non-facility practice RVUs	Non-facility expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility facility Total	Non-facility Total	Facility Total	Transitioned Facility Total					
78135	TC	A	Red cell survival kinetics	0.00	5.05	5.04	5.05	5.04	5.05	5.04	0.23	5.28	5.27	5.28	5.27	5.28	5.27	XXX	
78140		A	Red cell sequestration	0.61	4.26	4.34	4.26	4.34	4.26	0.22	5.09	5.17	5.09	5.17	5.09	5.17	5.09	XXX	
78140	26	A	Red cell sequestration	0.61	0.18	0.27	0.18	0.27	0.18	0.03	0.82	0.91	0.82	0.91	0.82	0.91	0.82	XXX	
78140	TC	A	Red cell sequestration	0.00	4.08	4.07	4.08	4.07	4.08	0.19	4.27	4.26	4.27	4.26	4.27	4.26	4.27	XXX	
78160		A	Plasma iron turnover	0.33	3.92	3.94	3.92	3.94	3.92	0.19	4.44	4.46	4.44	4.46	4.44	4.46	4.44	XXX	
78160	26	A	Plasma iron turnover	0.33	0.12	0.15	0.12	0.15	0.12	0.02	0.47	0.50	0.47	0.50	0.47	0.50	0.47	XXX	
78160	TC	A	Plasma iron turnover	0.00	3.80	3.79	3.80	3.79	3.80	0.17	3.97	3.96	3.97	3.96	3.97	3.96	3.97	XXX	
78162		A	Iron absorption exam	0.45	3.52	3.53	3.52	3.53	3.52	0.17	4.14	4.15	4.14	4.15	4.14	4.15	4.14	XXX	
78162	26	A	Iron absorption exam	0.45	0.19	0.21	0.19	0.21	0.19	0.02	0.66	0.68	0.66	0.68	0.66	0.68	0.66	XXX	
78162	TC	A	Iron absorption exam	0.00	3.33	3.32	3.33	3.32	3.33	0.15	3.48	3.47	3.48	3.47	3.48	3.47	3.48	XXX	
78170		A	Red cell iron utilization	0.41	5.62	5.68	5.62	5.68	5.62	0.27	6.30	6.36	6.30	6.36	6.30	6.36	6.30	XXX	
78170	26	A	Red cell iron utilization	0.41	0.11	0.18	0.11	0.18	0.11	0.02	0.54	0.61	0.54	0.61	0.54	0.61	0.54	XXX	
78170	TC	A	Red cell iron utilization	0.00	5.51	5.50	5.51	5.50	5.51	0.25	5.76	5.75	5.76	5.75	5.76	5.75	5.76	XXX	
78172		C	Total body iron estimation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
78172	26	A	Total body iron estimation	0.53	0.15	0.24	0.15	0.24	0.15	0.03	0.71	0.80	0.71	0.80	0.71	0.80	0.71	XXX	
78172	TC	C	Total body iron estimation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
78185		A	Spleen imaging	0.40	2.56	2.62	2.56	2.62	2.56	0.14	3.10	3.16	3.10	3.16	3.10	3.16	3.10	XXX	
78185	26	A	Spleen imaging	0.40	0.11	0.18	0.11	0.18	0.11	0.02	0.53	0.60	0.53	0.60	0.53	0.60	0.53	XXX	
78185	TC	A	Spleen imaging	0.00	2.45	2.44	2.45	2.44	2.45	0.12	2.57	2.56	2.57	2.56	2.57	2.56	2.57	XXX	
78190		A	Platelet survival, kinetics	1.09	6.25	6.39	6.25	6.39	6.25	0.32	7.66	7.80	7.66	7.80	7.66	7.80	7.66	XXX	
78190	26	A	Platelet survival, kinetics	1.09	0.32	0.47	0.32	0.47	0.32	0.05	1.46	1.61	1.46	1.61	1.46	1.61	1.46	XXX	
78190	TC	A	Platelet survival, kinetics	0.00	5.93	5.92	5.93	5.92	5.93	0.27	6.20	6.19	6.20	6.19	6.20	6.19	6.20	XXX	
78191		A	Platelet survival	0.61	7.78	7.86	7.78	7.86	7.78	0.37	8.76	8.84	8.76	8.84	8.76	8.84	8.76	XXX	
78191	26	A	Platelet survival	0.61	0.18	0.27	0.18	0.27	0.18	0.03	0.82	0.91	0.82	0.91	0.82	0.91	0.82	XXX	
78191	TC	A	Platelet survival	0.00	7.60	7.59	7.60	7.59	7.60	0.34	7.94	7.93	7.94	7.93	7.94	7.93	7.94	XXX	
78195		A	Lymph system imaging	1.20	4.56	4.56	4.56	4.56	4.56	0.24	6.00	6.00	6.00	6.00	6.00	6.00	6.00	XXX	
78195	26	A	Lymph system imaging	1.20	0.34	0.35	0.34	0.35	0.34	0.04	1.58	1.59	1.58	1.59	1.58	1.59	1.58	XXX	
78195	TC	A	Lymph system imaging	0.00	4.22	4.21	4.22	4.21	4.22	0.20	4.42	4.41	4.42	4.41	4.42	4.41	4.42	XXX	
78199		C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
78199	26	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
78199	TC	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
78201		A	Liver imaging	0.44	2.57	2.63	2.57	2.63	2.57	0.14	3.15	3.21	3.15	3.21	3.15	3.21	3.15	XXX	
78201	26	A	Liver imaging	0.44	0.12	0.19	0.12	0.19	0.12	0.02	0.58	0.65	0.58	0.65	0.58	0.65	0.58	XXX	
78201	TC	A	Liver imaging	0.00	2.45	2.44	2.45	2.44	2.45	0.12	2.57	2.56	2.57	2.56	2.57	2.56	2.57	XXX	
78202		A	Liver imaging with flow	0.51	3.13	3.21	3.13	3.21	3.13	0.16	3.80	3.88	3.80	3.88	3.80	3.88	3.80	XXX	
78202	26	A	Liver imaging with flow	0.51	0.13	0.22	0.13	0.22	0.13	0.03	0.67	0.76	0.67	0.76	0.67	0.76	0.67	XXX	
78202	TC	A	Liver imaging with flow	0.00	3.00	2.99	3.00	2.99	3.00	0.13	3.13	3.12	3.13	3.12	3.13	3.12	3.13	XXX	
78205		A	Liver imaging (3D)	0.71	6.33	6.44	6.33	6.44	6.33	0.32	7.36	7.47	7.36	7.47	7.36	7.47	7.36	XXX	
78205	26	A	Liver imaging (3D)	0.71	0.20	0.32	0.20	0.32	0.20	0.04	0.95	1.07	0.95	1.07	0.95	1.07	0.95	XXX	
78205	TC	A	Liver imaging (3D)	0.00	6.13	6.12	6.13	6.12	6.13	0.28	6.41	6.40	6.41	6.40	6.41	6.40	6.41	XXX	



CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility			Transitioned facility			Transitioned Non- facility			Transitioned Facility			Global
					practice expense	RVUs	Non- facility practice expense	RVUs	Facility practice expense	RVUs	Mal- practice RVUs	Non- facility Total	Non- facility Total	Facility Total			
78206		A	Liver image (3-d) w/flow	0.96	6.41	6.41	6.41	6.41	6.41	0.12	7.49	7.49	7.49	7.49	XXX		
78206	26	A	Liver image (3-d) w/flow	0.96	0.28	0.28	0.28	0.28	0.28	0.03	1.27	1.27	1.27	1.27	XXX		
78206	TC	A	Liver image (3-d) w/flow	0.00	6.13	6.13	6.13	6.13	6.13	0.09	6.22	6.22	6.22	6.22	XXX		
78215		A	Liver and spleen imaging	0.49	3.18	3.25	3.18	3.25	3.18	0.15	3.82	3.89	3.82	3.89	XXX		
78215	26	A	Liver and spleen imaging	0.49	0.13	0.21	0.13	0.21	0.13	0.02	0.64	0.72	0.64	0.72	XXX		
78215	TC	A	Liver and spleen imaging	0.00	3.05	3.04	3.05	3.04	3.05	0.13	3.18	3.17	3.18	3.17	XXX		
78216		A	Liver & spleen image, flow	0.57	3.77	3.86	3.77	3.86	3.77	0.19	4.53	4.62	4.53	4.62	XXX		
78216	26	A	Liver & spleen image, flow	0.57	0.15	0.25	0.15	0.25	0.15	0.03	0.75	0.85	0.75	0.85	XXX		
78216	TC	A	Liver & spleen image, flow	0.00	3.62	3.61	3.62	3.61	3.62	0.16	3.78	3.77	3.78	3.77	XXX		
78220		A	Liver function study	0.49	3.99	4.06	3.99	4.06	3.99	0.19	4.67	4.74	4.67	4.74	XXX		
78220	26	A	Liver function study	0.49	0.13	0.21	0.13	0.21	0.13	0.02	0.64	0.72	0.64	0.72	XXX		
78220	TC	A	Liver function study	0.00	3.86	3.85	3.86	3.85	3.86	0.17	4.03	4.02	4.03	4.02	XXX		
78223		A	Hepatobiliary imaging	0.84	4.03	4.16	4.03	4.16	4.03	0.22	5.09	5.22	5.09	5.22	XXX		
78223	26	A	Hepatobiliary imaging	0.84	0.23	0.37	0.23	0.37	0.23	0.05	1.12	1.26	1.12	1.26	XXX		
78223	TC	A	Hepatobiliary imaging	0.00	3.80	3.79	3.80	3.79	3.80	0.17	3.97	3.96	3.97	3.96	XXX		
78230		A	Salivary gland imaging	0.45	2.37	2.45	2.37	2.45	2.37	0.13	2.95	3.03	2.95	3.03	XXX		
78230	26	A	Salivary gland imaging	0.45	0.12	0.20	0.12	0.20	0.12	0.02	0.59	0.67	0.59	0.67	XXX		
78230	TC	A	Salivary gland imaging	0.00	2.25	2.25	2.25	2.25	2.25	0.11	2.36	2.36	2.36	2.36	XXX		
78231		A	Serial salivary imaging	0.52	3.42	3.51	3.42	3.51	3.42	0.18	4.12	4.21	4.12	4.21	XXX		
78231	26	A	Serial salivary imaging	0.52	0.14	0.23	0.14	0.23	0.14	0.03	0.69	0.78	0.69	0.78	XXX		
78231	TC	A	Serial salivary imaging	0.00	3.28	3.28	3.28	3.28	3.28	0.15	3.43	3.43	3.43	3.43	XXX		
78232		A	Salivary gland function exam	0.47	3.81	3.88	3.81	3.88	3.81	0.18	4.46	4.53	4.46	4.53	XXX		
78232	26	A	Salivary gland function exam	0.47	0.13	0.21	0.13	0.21	0.13	0.02	0.62	0.70	0.62	0.70	XXX		
78232	TC	A	Salivary gland function exam	0.00	3.68	3.67	3.68	3.67	3.68	0.16	3.84	3.83	3.84	3.83	XXX		
78258		A	Esophageal motility study	0.74	3.21	3.32	3.21	3.32	3.21	0.17	4.12	4.23	4.12	4.23	XXX		
78258	26	A	Esophageal motility study	0.74	0.21	0.33	0.21	0.33	0.21	0.04	0.99	1.11	0.99	1.11	XXX		
78258	TC	A	Esophageal motility study	0.00	3.00	2.99	3.00	2.99	3.00	0.13	3.13						

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitional Non-facility		Facility		Transitional Facility		Non- facility		Facility		Transitional Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
78271	26	A	Vit B-12 absorp exam, IF	0.20	0.06	0.10	0.06	0.10	0.10	0.06	0.10	0.10	0.01	0.01	0.27	0.31	0.27	0.31	XXX
78271	TC	A	Vit B-12 absorp exam, IF	0.00	1.70	1.70	1.70	1.70	1.70	1.70	1.78	1.78	0.08	0.08	1.78	1.78	1.78	1.78	XXX
78272		A	Vit B-12 absorp, combined	0.27	2.48	2.52	2.48	2.52	2.52	2.48	2.89	2.89	0.14	0.14	2.89	2.93	2.89	2.93	XXX
78272	26	A	Vit B-12 absorp, combined	0.27	0.07	0.12	0.07	0.12	0.12	0.07	0.41	0.41	0.02	0.02	0.36	0.41	0.36	0.41	XXX
78272	TC	A	Vit B-12 absorp, combined	0.00	2.41	2.40	2.41	2.40	2.40	2.41	2.53	2.52	0.12	0.12	2.53	2.52	2.53	2.52	XXX
78278		A	Acute GI blood loss imaging	0.99	5.32	5.48	5.32	5.48	5.48	5.32	6.59	6.75	0.28	0.28	6.59	6.75	6.59	6.75	XXX
78278	26	A	Acute GI blood loss imaging	0.99	0.27	0.44	0.27	0.44	0.44	0.27	1.31	1.48	0.05	0.05	1.31	1.48	1.31	1.48	XXX
78278	TC	A	Acute GI blood loss imaging	0.00	5.05	5.04	5.05	5.04	5.04	5.05	5.28	5.27	0.23	0.23	5.28	5.27	5.28	5.27	XXX
78282		C	GI protein loss exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78282	26	A	GI protein loss exam	0.38	0.11	0.16	0.11	0.16	0.16	0.11	0.56	0.56	0.02	0.02	0.51	0.56	0.51	0.56	XXX
78282	TC	C	GI protein loss exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78290		A	Meckel's divert exam	0.68	3.34	3.45	3.34	3.45	3.45	3.34	4.20	4.31	0.18	0.18	4.20	4.31	4.20	4.31	XXX
78290	26	A	Meckel's divert exam	0.68	0.19	0.30	0.19	0.30	0.30	0.19	0.91	1.02	0.04	0.04	0.91	1.02	0.91	1.02	XXX
78290	TC	A	Meckel's divert exam	0.00	3.15	3.15	3.15	3.15	3.15	3.15	3.29	3.29	0.14	0.14	3.29	3.29	3.29	3.29	XXX
78291		A	Leveen/shunt patency exam	0.88	3.41	3.55	3.41	3.55	3.55	3.41	4.48	4.62	0.19	0.19	4.48	4.62	4.48	4.62	XXX
78291	26	A	Leveen/shunt patency exam	0.88	0.24	0.38	0.24	0.38	0.38	0.24	1.17	1.31	0.05	0.05	1.17	1.31	1.17	1.31	XXX
78291	TC	A	Leveen/shunt patency exam	0.00	3.17	3.17	3.17	3.17	3.17	3.17	3.31	3.31	0.14	0.14	3.31	3.31	3.31	3.31	XXX
78299		C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78299	26	C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78299	TC	C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78300		A	Bone imaging, limited area	0.62	2.74	2.85	2.74	2.85	2.85	2.74	3.52	3.63	0.16	0.16	3.52	3.63	3.52	3.63	XXX
78300	26	A	Bone imaging, limited area	0.62	0.17	0.28	0.17	0.28	0.28	0.17	0.82	0.93	0.03	0.03	0.82	0.93	0.82	0.93	XXX
78300	TC	A	Bone imaging, limited area	0.00	2.57	2.57	2.57	2.57	2.57	2.57	2.70	2.70	0.13	0.13	2.70	2.70	2.70	2.70	XXX
78305		A	Bone imaging, multiple areas	0.83	4.03	4.16	4.03	4.16	4.16	4.03	5.08	5.21	0.22	0.22	5.08	5.21	5.08	5.21	XXX
78305	26	A	Bone imaging, multiple areas	0.83	0.23	0.37	0.23	0.37	0.37	0.23	1.11	1.25	0.05	0.05	1.11	1.25	1.11	1.25	XXX
78305	TC	A	Bone imaging, multiple areas	0.00	3.80	3.79	3.80	3.79	3.79	3.80	3.97	3.96	0.17	0.17	3.97	3.96	3.97	3.96	XXX
78306		A	Bone imaging, whole body	0.86	4.67	4.80	4.67	4.80	4.80	4.67	5.78	5.91	0.25	0.25	5.78	5.91	5.78	5.91	XXX
78306	26	A	Bone imaging, whole body	0.86	0.24	0.38	0.24	0.38	0.38	0.24	1.15	1.29	0.05	0.05	1.15	1.29	1.15	1.29	XXX
78306	TC	A	Bone imaging, whole body	0.00	4.43	4.42	4.43	4.42	4.42	4.43	4.63	4.62	0.20	0.20	4.63	4.62	4.63	4.62	XXX
78315		A	Bone imaging, 3 phase	1.02	5.23	5.38	5.23	5.38	5.38	5.23	6.53	6.68	0.28	0.28	6.53	6.68	6.53	6.68	XXX
78315	26	A	Bone imaging, 3 phase	1.02	0.28	0.44	0.28	0.44	0.44	0.28	1.35	1.51	0.05	0.05	1.35	1.51	1.35	1.51	XXX
78315	TC	A	Bone imaging, 3 phase	0.00	4.95	4.94	4.95	4.94	4.94	4.95	5.18	5.17	0.23	0.23	5.18	5.17	5.18	5.17	XXX
78320		A	Bone imaging (3D)	1.04	6.43	6.57	6.43	6.57	6.57	6.43	7.80	7.94	0.33	0.33	7.80	7.94	7.80	7.94	XXX
78320	26	A	Bone imaging (3D)	1.04	0.30	0.45	0.30	0.45	0.45	0.30	1.39	1.54	0.05	0.05	1.39	1.54	1.39	1.54	XXX
78320	TC	A	Bone imaging (3D)	0.00	6.13	6.12	6.13	6.12	6.12	6.13	6.41	6.40	0.28	0.28	6.41	6.40	6.41	6.40	XXX
78350		A	Bone mineral, single photon	0.22	0.87	0.88	0.87	0.88	0.88	0.87	1.15	1.16	0.06	0.06	1.15	1.16	1.15	1.16	XXX
78350	26	A	Bone mineral, single photon	0.22	0.08	0.10	0.08	0.10	0.10	0.08	0.32	0.34	0.02	0.02	0.32	0.34	0.32	0.34	XXX
78350	TC	A	Bone mineral, single photon	0.00	0.79	0.78	0.79	0.78	0.78	0.79	0.83	0.82	0.04	0.04	0.83	0.82	0.83	0.82	XXX
78351		N	Bone mineral, dual photon	+0.30	1.24	0.47	0.11	0.19	0.19	0.11	1.56	0.79	0.02	0.02	1.56	0.79	0.43	0.51	XXX
78399		C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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 3 + indicates RVUs are not used for Medicare payment.



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitional Non-facility		Transitional Facility		Mal- practice		Non- facility		Transitional Non-facility		Facility		Transitional Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
78399	26	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78399	TC	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78414		C	Non-imaging heart function	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78414	26	A	Non-imaging heart function	0.45	0.14	0.20	0.14	0.14	0.00	0.00	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78414	TC	C	Non-imaging heart function	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78428		A	Cardiac shunt imaging	0.78	2.61	2.69	2.61	2.61	2.69	2.69	0.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78428	26	A	Cardiac shunt imaging	0.78	0.28	0.36	0.28	0.28	0.36	0.36	0.04	0.00	1.10	1.10	1.18	1.18	1.10	1.10	1.18	1.18	XXX
78428	TC	A	Cardiac shunt imaging	0.00	2.33	2.33	2.33	2.33	2.33	2.33	0.11	0.00	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	XXX
78445		A	Vascular flow imaging	0.49	2.07	2.15	2.07	2.07	2.15	2.15	0.12	0.00	2.68	2.68	2.76	2.76	2.68	2.68	2.76	2.76	XXX
78445	26	A	Vascular flow imaging	0.49	0.14	0.23	0.14	0.14	0.23	0.23	0.03	0.00	0.66	0.66	0.75	0.75	0.66	0.66	0.75	0.75	XXX
78445	TC	A	Vascular flow imaging	0.00	1.93	1.92	1.93	1.93	1.92	1.92	0.09	0.00	2.02	2.02	2.01	2.01	2.02	2.02	2.01	2.01	XXX
78455		A	Venous thrombosis study	0.73	4.33	4.44	4.33	4.33	4.44	4.44	0.23	0.00	5.29	5.29	5.40	5.40	5.29	5.29	5.40	5.40	XXX
78455	26	A	Venous thrombosis study	0.73	0.20	0.32	0.20	0.20	0.32	0.32	0.04	0.00	0.97	0.97	1.09	1.09	0.97	0.97	1.09	1.09	XXX
78455	TC	A	Venous thrombosis study	0.00	4.13	4.12	4.13	4.13	4.12	4.12	0.19	0.00	4.32	4.32	4.31	4.31	4.32	4.32	4.31	4.31	XXX
78457		A	Venous thrombosis imaging	0.77	2.98	3.09	2.98	2.98	3.09	3.09	0.17	0.00	3.92	3.92	4.03	4.03	3.92	3.92	4.03	4.03	XXX
78457	26	A	Venous thrombosis imaging	0.77	0.22	0.34	0.22	0.22	0.34	0.34	0.04	0.00	1.03	1.03	1.15	1.15	1.03	1.03	1.15	1.15	XXX
78457	TC	A	Venous thrombosis imaging	0.00	2.76	2.75	2.76	2.76	2.75	2.75	0.13	0.00	2.89	2.89	2.88	2.88	2.89	2.89	2.88	2.88	XXX
78458		A	Ven thrombosis images, bilat	0.90	4.44	4.55	4.44	4.44	4.55	4.55	0.24	0.00	5.58	5.58	5.69	5.69	5.58	5.58	5.69	5.69	XXX
78458	26	A	Ven thrombosis images, bilat	0.90	0.27	0.39	0.27	0.27	0.39	0.39	0.05	0.00	1.22	1.22	1.34	1.34	1.22	1.22	1.34	1.34	XXX
78458	TC	A	Ven thrombosis images, bilat	0.00	4.17	4.16	4.17	4.17	4.16	4.16	0.19	0.00	4.36	4.36	4.35	4.35	4.36	4.36	4.35	4.35	XXX
78459		I	Heart muscle imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78459	26	I	Heart muscle imaging (PET)	+1.88	0.71	1.27	0.71	0.71	1.27	1.27	0.08	0.00	2.67	2.67	3.23	3.23	2.67	2.67	3.23	3.23	XXX
78459	TC	I	Heart muscle imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78460		A	Heart muscle blood single	0.86	2.71	2.82	2.71	2.71	2.82	2.82	0.17	0.00	3.74	3.74	3.85	3.85	3.74	3.74	3.85	3.85	XXX
78460	26	A	Heart muscle blood single	0.86	0.26	0.38	0.26	0.26	0.38	0.38	0.05	0.00	1.17	1.17	1.29	1.29	1.17	1.17	1.29	1.29	XXX
78460	TC	A	Heart muscle blood single	0.00	2.45	2.44	2.45	2.45	2.44	2.44	0.12	0.00	2.57	2.57	2.56	2.56	2.57	2.57	2.56	2.56	XXX
78461		A	Heart muscle blood multiple	1.23	5.29	5.43	5.29	5.29	5.43	5.43	0.29	0.00	6.81	6.81	6.95	6.95	6.81	6.81	6.95	6.95	XXX
78461	26	A	Heart muscle blood multiple	1.23	0.39	0.54	0.39	0.39	0.54	0.54	0.06	0.00	1.68	1.68	1.83	1.83	1.68	1.68	1.83	1.83	XXX
78461	TC	A	Heart muscle blood multiple	0.00	4.90	4.89	4.90	4.90	4.89	4.89	0.23	0.00	5.13	5.13	5.12	5.12	5.13	5.13	5.12	5.12	XXX
78464		A	Heart image (3D) single	1.09	7.66	7.79	7.66	7.66	7.79	7.79	0.39	0.00	9.14	9.14	9.27	9.27	9.14	9.14	9.27	9.27	XXX
78464	26	A	Heart image (3D) single	1.09	0.33	0.47	0.33	0.33	0.47	0.47	0.05	0.00	1.47	1.47	1.61	1.61	1.47	1.47	1.61	1.61	XXX
78464	TC	A	Heart image (3D) single	0.00	7.33	7.32	7.33	7.33	7.32	7.32	0.34	0.00	7.67	7.67	7.66	7.66	7.67	7.67	7.66	7.66	XXX
78465		A	Heart image (3D) multiple	1.46	12.72	12.86	12.72	12.72	12.86	12.86	0.63	0.00	14.81	14.81	14.95	14.95	14.81	14.81	14.95	14.95	XXX
78465	26	A	Heart image (3D) multiple	1.46	0.48	0.65	0.48	0.48	0.65	0.65	0.08	0.00	2.02	2.02	2.19	2.19	2.02	2.02	2.19	2.19	XXX
78465	TC	A	Heart image (3D) multiple	0.00	12.24	12.21	12.24	12.24	12.21	12.21	0.55	0.00	12.79	12.79	12.76	12.76	12.79	12.79	12.76	12.76	XXX
78466		A	Heart infarct image	0.69	2.93	3.03	2.93	2.93	3.03	3.03	0.17	0.00	3.79	3.79	3.89	3.89	3.79	3.79	3.89	3.89	XXX
78466	26	A	Heart infarct image	0.69	0.20	0.31	0.20	0.20	0.31	0.31	0.04	0.00	0.93	0.93	1.04	1.04	0.93	0.93	1.04	1.04	XXX
78466	TC	A	Heart infarct image	0.00	2.73	2.72	2.73	2.73	2.72	2.72	0.13	0.00	2.86	2.86	2.85	2.85	2.86	2.86	2.85	2.85	XXX
78468		A	Heart infarct image, EF	0.80	4.04	4.14	4.04	4.04	4.14	4.14	0.21	0.00	5.05	5.05	5.15	5.15	5.05	5.05	5.15	5.15	XXX
78468	26	A	Heart infarct image, EF	0.80	0.24	0.35	0.24	0.24	0.35	0.35	0.04	0.00	1.08	1.08	1.19	1.19	1.08	1.08	1.19	1.19	XXX

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3 +Indicates RVUs are not used for Medicare payment.



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility			Transitional Non-facility			Transitional Facility			Mal- practice			Non- facility			Facility			Transitional Facility			Global		
					practice RVUs	expense RVUs	RVUs	practice RVUs	expense RVUs	RVUs	practice RVUs	expense RVUs	RVUs	practice RVUs	expense RVUs	RVUs	practice RVUs	expense RVUs	RVUs	practice RVUs	expense RVUs	RVUs	practice RVUs	expense RVUs	RVUs	practice RVUs	expense RVUs	RVUs
78468	TC	A	Heart infarct image EF	0.00	3.80	3.79	3.80	3.79	3.80	3.79	3.79	3.80	3.79	0.17	0.17	0.17	3.97	3.96	3.97	3.97	3.96	3.97	3.96	3.97	3.96	3.97	3.96	XXX
78469		A	Heart infarct image (3D)	0.92	5.70	5.81	5.70	5.81	5.70	5.81	5.81	5.70	5.81	0.30	0.30	0.30	6.92	7.03	6.92	6.92	7.03	6.92	7.03	7.03	7.03	6.92	7.03	XXX
78469	26	A	Heart infarct image (3D)	0.92	0.28	0.40	0.28	0.40	0.28	0.40	0.40	0.28	0.40	0.05	0.05	0.05	1.25	1.37	1.25	1.25	1.37	1.25	1.37	1.37	1.37	1.25	1.37	XXX
78469	TC	A	Heart infarct image (3D)	0.00	5.42	5.41	5.42	5.41	5.42	5.41	5.41	5.42	5.41	0.25	0.25	0.25	5.67	5.66	5.67	5.67	5.66	5.67	5.66	5.67	5.66	5.67	5.66	XXX
78472	26	A	Gated heart, planar single	0.98	6.02	6.15	6.02	6.15	6.02	6.15	6.15	6.02	6.15	0.32	0.32	0.32	7.32	7.45	7.32	7.32	7.45	7.32	7.45	7.45	7.45	7.32	7.45	XXX
78472	TC	A	Gated heart, planar single	0.98	0.30	0.44	0.30	0.44	0.30	0.44	0.44	0.30	0.44	0.05	0.05	0.05	1.33	1.47	1.33	1.33	1.47	1.33	1.47	1.47	1.47	1.33	1.47	XXX
78473	TC	A	Gated heart, multiple	1.47	9.01	9.20	9.01	9.20	9.01	9.20	9.20	9.01	9.20	0.46	0.46	0.46	10.94	11.13	10.94	10.94	11.13	10.94	11.13	11.13	11.13	10.94	11.13	XXX
78473	26	A	Gated heart, multiple	1.47	0.45	0.65	0.45	0.65	0.45	0.65	0.65	0.45	0.65	0.08	0.08	0.08	2.00	2.20	2.00	2.00	2.20	2.00	2.20	2.20	2.20	2.00	2.20	XXX
78473	TC	A	Gated heart, multiple	0.00	8.56	8.55	8.56	8.55	8.56	8.55	8.55	8.56	8.55	0.38	0.38	0.38	8.94	8.93	8.94	8.94	8.93	8.94	8.93	8.94	8.93	8.94	8.93	XXX
78478	26	A	Heart wall motion add-on	0.62	1.82	1.89	1.82	1.89	1.82	1.89	1.89	1.82	1.89	0.11	0.11	0.11	2.55	2.62	2.55	2.55	2.62	2.55	2.62	2.62	2.62	2.55	2.62	ZZZ
78478	TC	A	Heart wall motion add-on	0.62	0.21	0.28	0.21	0.28	0.21	0.28	0.28	0.21	0.28	0.03	0.03	0.03	0.86	0.93	0.86	0.86	0.93	0.86	0.93	0.93	0.93	0.86	0.93	ZZZ
78480	26	A	Heart function add-on	0.62	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61	0.08	0.08	0.08	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	ZZZ
78480	TC	A	Heart function add-on	0.62	0.21	0.28	0.21	0.28	0.21	0.28	0.28	0.21	0.28	0.03	0.03	0.03	0.86	0.93	0.86	0.86	0.93	0.86	0.93	0.93	0.93	0.86	0.93	ZZZ
78481	26	A	Heart first pass single	0.98	5.75	5.85	5.75	5.85	5.75	5.85	5.85	5.75	5.85	0.30	0.30	0.30	7.03	7.13	7.03	7.03	7.13	7.03	7.13	7.13	7.13	7.03	7.13	XXX
78481	TC	A	Heart first pass single	0.98	0.33	0.44	0.33	0.44	0.33	0.44	0.44	0.33	0.44	0.05	0.05	0.05	1.36	1.47	1.36	1.36	1.47	1.36	1.47	1.47	1.47	1.36	1.47	XXX
78481	TC	A	Heart first pass single	0.00	5.42	5.41	5.42	5.41	5.42	5.41	5.41	5.42	5.41	0.25	0.25	0.25	5.67	5.66	5.67	5.67	5.66	5.67	5.66	5.67	5.66	5.67	5.66	XXX
78483	26	A	Heart first pass multiple	1.47	8.69	8.82	8.69	8.82	8.69	8.82	8.82	8.69	8.82	0.45	0.45	0.45	10.61	10.74	10.61	10.61	10.74	10.61	10.74	10.74	10.74	10.61	10.74	XXX
78483	TC	A	Heart first pass multiple	1.47	0.53	0.67	0.53	0.67	0.53	0.67	0.67	0.53	0.67	0.08	0.08	0.08	2.08	2.22	2.08	2.08	2.22	2.08	2.22	2.22	2.22	2.08	2.22	XXX
78491	26	I	Heart image (pet) single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78491	TC	I	Heart image (pet) single	+1.50	0.57	1.23	0.57	1.23	0.57	1.23	1.23	0.57	1.23	0.08	0.08	0.08	2.15	2.81	2.15	2.15	2.81	2.15	2.81	2.81	2.81	2.15	2.81	XXX
78492	26	I	Heart image (pet) multiple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78492	TC	I	Heart image (pet) multiple	+1.87	0.70	1.26	0.70	1.26	0.70	1.26	1.26	0.70	1.26	0.08	0.08	0.08	2.65	3.21	2.65	2.65	3.21	2.65	3.21	3.21	3.21	2.65	3.21	XXX
78494	26	A	Heart image, spect	1.19	6.07	6.07	6.07	6.07	6.07	6.07	6.07	6.07	6.07	0.32	0.32	0.32	7.58	7.58	7.58	7.58	7.58	7.58	7.58	7.58	7.58	7.58	7.58	XXX
78494	TC	A	Heart image, spect	1.19	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.05	0.05	0.05	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	XXX
78496	26	A	Heart first pass add-on	0.50	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	0.32	0.32	0.32	2.62	2.62	2.62	2.62	2.62	2.62	2.62	2.62	2.62	2.62	2.62	ZZZ
78496	TC	A	Heart first pass add-on	0.50	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.05	0.05	0.05	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	ZZZ
78499	26	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78499	TC	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78580	26	A	Lung perfusion imaging	0.74	3.77	3.88	3.77	3.88	3.77	3.88	3.88	3.77	3.88	0.20	0.20	0.20	4.71	4.82	4.71	4.71	4.82	4.71	4.82	4.82	4.82	4.71	4.82	XXX
78580	TC	A	Lung perfusion imaging	0.00	0.21	0.33	0.21	0.33	0.21	0.33	0.33	0.21	0.33	0.04	0.04	0.04	0.99	1.11	0.99	0.99	1.11	0.99	1.11	1.11	1.11	0.99	1.11	XXX
78580	TC	A	Lung perfusion imaging	0.00	3.56	3.55	3.56	3.55	3.56	3.55	3.55	3.56	3.55	0.16	0.16	0.16	3.72	3.71	3.72	3.72	3.71	3.72	3.71	3.72	3.71	3.72	3.71	XXX

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3 \*Indicates RVUs are not used for Medicare payment.



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitional Non-facility		Transitional Facility		Mal- practice		Non- facility		Transitional Non-facility		Transitional Facility		Global	
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs		RVUs
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs		RVUs
78584		A	Lung V/Q image single breath	0.99	3.60	0.27	3.76	3.60	0.27	3.76	0.20	4.79	0.00	4.79	4.95	1.31	4.95	4.95	XXX	
78584	26	A	Lung V/Q image single breath	0.99	0.27	0.27	0.44	0.27	0.27	0.44	0.05	1.31	0.00	1.31	1.48	0.00	1.48	1.48	XXX	
78584	TC	A	Lung V/Q image single breath	0.00	3.33	3.33	3.32	3.33	3.32	3.32	0.15	3.48	0.00	3.48	3.47	0.00	3.47	3.47	XXX	
78585		A	Lung V/Q imaging	1.09	6.14	6.14	6.30	6.14	6.14	6.30	0.32	7.55	0.00	7.55	7.71	0.00	7.71	7.71	XXX	
78585	26	A	Lung V/Q imaging	1.09	0.29	0.29	0.46	0.29	0.29	0.46	0.05	1.43	0.00	1.43	1.60	0.00	1.60	1.60	XXX	
78585	TC	A	Lung V/Q imaging	0.00	5.84	5.84	5.84	5.85	5.84	5.84	0.27	6.12	0.00	6.12	6.11	0.00	6.11	6.11	XXX	
78586		A	Aerosol lung image, single	0.40	2.79	2.79	2.86	2.79	2.79	2.86	0.15	3.34	0.00	3.34	3.41	0.00	3.41	3.41	XXX	
78586	26	A	Aerosol lung image, single	0.40	0.10	0.10	0.18	0.10	0.10	0.18	0.02	0.52	0.00	0.52	0.60	0.00	0.60	0.60	XXX	
78586	TC	A	Aerosol lung image, single	0.00	2.69	2.69	2.68	2.69	2.69	2.68	0.13	2.82	0.00	2.82	2.81	0.00	2.81	2.81	XXX	
78587		A	Aerosol lung image, multiple	0.49	3.03	3.03	3.11	3.03	3.03	3.11	0.15	3.67	0.00	3.67	3.75	0.00	3.75	3.75	XXX	
78587	26	A	Aerosol lung image, multiple	0.49	0.13	0.13	0.21	0.13	0.13	0.21	0.02	0.64	0.00	0.64	0.72	0.00	0.72	0.72	XXX	
78587	TC	A	Aerosol lung image, multiple	0.00	2.90	2.90	2.90	2.90	2.90	2.90	0.13	3.03	0.00	3.03	3.03	0.00	3.03	3.03	XXX	
78588		A	Perfusion lung image	1.09	3.86	3.86	3.86	3.86	3.86	3.86	0.20	5.15	0.00	5.15	5.15	0.00	5.15	5.15	XXX	
78588	26	A	Perfusion lung image	1.09	0.30	0.30	0.30	0.30	0.30	0.30	0.04	1.43	0.00	1.43	1.43	0.00	1.43	1.43	XXX	
78588	TC	A	Perfusion lung image	0.00	3.56	3.56	3.56	3.56	3.56	3.56	0.16	3.72	0.00	3.72	3.72	0.00	3.72	3.72	XXX	
78591		A	Vent image, 1 breath, 1 proj	0.40	3.07	3.07	3.13	3.07	3.07	3.13	0.15	3.62	0.00	3.62	3.68	0.00	3.68	3.68	XXX	
78591	26	A	Vent image, 1 breath, 1 proj	0.40	0.11	0.11	0.18	0.11	0.11	0.18	0.02	0.53	0.00	0.53	0.60	0.00	0.60	0.60	XXX	
78591	TC	A	Vent image, 1 breath, 1 proj	0.00	2.96	2.96	2.95	2.96	2.96	2.95	0.13	3.09	0.00	3.09	3.08	0.00	3.08	3.08	XXX	
78593		A	Vent image, 1 proj, gas	0.49	3.71	3.71	3.78	3.71	3.71	3.78	0.18	4.38	0.00	4.38	4.45	0.00	4.45	4.45	XXX	
78593	26	A	Vent image, 1 proj, gas	0.49	0.13	0.13	0.21	0.13	0.13	0.21	0.02	0.64	0.00	0.64	0.72	0.00	0.72	0.72	XXX	
78593	TC	A	Vent image, 1 proj, gas	0.00	3.58	3.58	3.57	3.58	3.58	3.57	0.16	3.74	0.00	3.74	3.73	0.00	3.73	3.73	XXX	
78594		A	Vent image, mult proj, gas	0.53	5.32	5.32	5.40	5.32	5.32	5.40	0.26	6.11	0.00	6.11	6.19	0.00	6.19	6.19	XXX	
78594	26	A	Vent image, mult proj, gas	0.53	0.14	0.14	0.24	0.14	0.14	0.24	0.03	0.70	0.00	0.70	0.80	0.00	0.80	0.80	XXX	
78594	TC	A	Vent image, mult proj, gas	0.00	5.18	5.18	5.16	5.18	5.18	5.16	0.23	5.41	0.00	5.39	5.39	0.00	5.39	5.39	XXX	
78596		A	Lung differential function	1.27	7.68	7.68	7.87	7.68	7.68	7.87	0.41	9.36	0.00	9.36	9.55	0.00	9.55	9.55	XXX	
78596	26	A	Lung differential function	1.27	0.35	0.35	0.55	0.35	0.35	0.55	0.07	1.69	0.00	1.69	1.89	0.00	1.89	1.89	XXX	
78596	TC	A	Lung differential function	0.00	7.33	7.33	7.32	7.33	7.33	7.32	0.34	7.67	0.00	7.66	7.66	0.00	7.66	7.66	XXX	
78599		C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
78599	26	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
78599	TC	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
78600		A	Brain imaging, ltd static	0.44	3.12	3.12	3.19	3.12	3.12	3.19	0.15	3.71	0.00	3.71	3.78	0.00	3.78	3.78	XXX	
78600	26	A	Brain imaging, ltd static	0.44	0.12	0.12	0.20	0.12	0.12	0.20	0.02	0.58	0.00	0.58	0.66	0.00	0.66	0.66	XXX	
78600	TC	A	Brain imaging, ltd static	0.00	3.00	3.00	2.99	3.00	3.00	2.99	0.13	3.13	0.00	3.13	3.12	0.00	3.12	3.12	XXX	
78601		A	Brain ltd imaging & flow	0.51	3.66	3.66	3.75	3.66	3.66	3.75	0.19	4.36	0.00	4.36	4.45	0.00	4.45	4.45	XXX	
78601	26	A	Brain ltd imaging & flow	0.51	0.14	0.14	0.23	0.14	0.14	0.23	0.03	0.68	0.00	0.68	0.77	0.00	0.77	0.77	XXX	
78601	TC	A	Brain ltd imaging & flow	0.00	3.52	3.52	3.52	3.52	3.52	3.52	0.16	3.68	0.00	3.68	3.68	0.00	3.68	3.68	XXX	
78605		A	Brain imaging, complete	0.53	3.67	3.67	3.76	3.67	3.67	3.76	0.19	4.39	0.00	4.39	4.48	0.00	4.48	4.48	XXX	
78605	26	A	Brain imaging, complete	0.53	0.15	0.15	0.24	0.15	0.15	0.24	0.03	0.71	0.00	0.71	0.80	0.00	0.80	0.80	XXX	
78605	TC	A	Brain imaging, complete	0.00	3.52	3.52	3.52	3.52	3.52	3.52	0.16	3.68	0.00	3.68	3.68	0.00	3.68	3.68	XXX	
78606		A	Brain imaging comp & flow	0.64	4.19	4.19	4.28	4.19	4.19	4.28	0.21	5.04	0.00	5.04	5.13	0.00	5.13	5.13	XXX	

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3 \*Indicates RVUs are not used for Medicare payment.



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitional Non-facility		Transitional Facility		Mal- practice RVUs	Non- facility		Transitional Facility		Facility Total	Transitional Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs		practice RVUs	expense RVUs	practice RVUs	expense RVUs		practice RVUs	expense RVUs	
78606	26	A	Brain imaging comp & flow	0.64	0.18	0.28	0.18	0.28	0.28	0.18	0.03	0.85	0.95	0.85	0.95	0.85	0.95	0.95	XXX
78606	TC	A	Brain imaging comp & flow	0.00	4.01	4.00	4.01	4.00	4.00	4.01	0.18	4.19	4.18	4.19	4.18	4.19	4.18	4.18	XXX
78607		A	Brain imaging (3D)	1.23	7.16	7.32	7.16	7.32	7.32	7.16	0.37	8.76	8.92	8.76	8.92	8.76	8.92	8.92	XXX
78607	26	A	Brain imaging (3D)	1.23	0.35	0.53	0.35	0.53	0.53	0.35	0.06	1.64	1.82	1.64	1.82	1.64	1.82	1.82	XXX
78607	TC	A	Brain imaging (3D)	0.00	6.81	6.79	6.81	6.79	6.79	6.81	0.31	7.12	7.10	7.12	7.10	7.12	7.10	7.10	XXX
78608		N	Brain imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78609		N	Brain imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78610		A	Brain flow imaging only	0.30	1.72	1.77	1.72	1.77	1.77	1.72	0.10	2.12	2.17	2.12	2.17	2.12	2.17	2.17	XXX
78610	26	A	Brain flow imaging only	0.30	0.09	0.14	0.09	0.14	0.14	0.09	0.02	0.41	0.46	0.41	0.46	0.41	0.46	0.46	XXX
78610	TC	A	Brain flow imaging only	0.00	1.63	1.63	1.63	1.63	1.63	1.63	0.08	1.71	1.71	1.71	1.71	1.71	1.71	1.71	XXX
78615		A	Cerebral blood flow imaging	0.42	4.13	4.18	4.13	4.18	4.18	4.13	0.20	4.75	4.80	4.75	4.80	4.75	4.80	4.80	XXX
78615	26	A	Cerebral blood flow imaging	0.42	0.13	0.19	0.13	0.19	0.19	0.13	0.02	0.57	0.63	0.57	0.63	0.57	0.63	0.63	XXX
78615	TC	A	Cerebral blood flow imaging	0.00	4.00	3.99	4.00	3.99	3.99	4.00	0.18	4.18	4.17	4.18	4.17	4.18	4.17	4.17	XXX
78630		A	Cerebrospinal fluid scan	0.68	5.41	5.51	5.41	5.51	5.51	5.41	0.28	6.37	6.47	6.37	6.47	6.37	6.47	6.47	XXX
78630	26	A	Cerebrospinal fluid scan	0.68	0.19	0.30	0.19	0.30	0.30	0.19	0.04	0.91	1.02	0.91	1.02	0.91	1.02	1.02	XXX
78630	TC	A	Cerebrospinal fluid scan	0.00	5.22	5.21	5.22	5.21	5.21	5.22	0.24	5.46	5.45	5.46	5.45	5.46	5.45	5.45	XXX
78635		A	CSF ventriculography	0.61	2.86	2.91	2.86	2.91	2.91	2.86	0.16	3.63	3.68	3.63	3.68	3.63	3.68	3.68	XXX
78635	26	A	CSF ventriculography	0.61	0.23	0.28	0.23	0.28	0.28	0.23	0.03	0.87	0.92	0.87	0.92	0.87	0.92	0.92	XXX
78635	TC	A	CSF ventriculography	0.00	2.63	2.63	2.63	2.63	2.63	2.63	0.13	2.76	2.76	2.76	2.76	2.76	2.76	2.76	XXX
78645		A	CSF shunt evaluation	0.57	3.71	3.80	3.71	3.80	3.80	3.71	0.19	4.47	4.56	4.47	4.56	4.47	4.56	4.56	XXX
78645	26	A	CSF shunt evaluation	0.57	0.15	0.25	0.15	0.25	0.25	0.15	0.03	0.75	0.85	0.75	0.85	0.75	0.85	0.85	XXX
78645	TC	A	CSF shunt evaluation	0.00	3.56	3.55	3.56	3.55	3.55	3.56	0.16	3.72	3.71	3.72	3.71	3.72	3.71	3.71	XXX
78647		A	Cerebrospinal fluid scan	0.90	6.39	6.52	6.39	6.52	6.52	6.39	0.33	7.62	7.75	7.62	7.75	7.62	7.75	7.75	XXX
78647	26	A	Cerebrospinal fluid scan	0.90	0.26	0.40	0.26	0.40	0.40	0.26	0.05	1.21	1.35	1.21	1.35	1.21	1.35	1.35	XXX
78647	TC	A	Cerebrospinal fluid scan	0.00	6.13	6.12	6.13	6.12	6.12	6.13	0.28	6.41	6.40	6.41	6.40	6.41	6.40	6.40	XXX
78650		A	CSF leakage imaging	0.61	4.99	5.07	4.99	5.07	5.07	4.99	0.25	5.85	5.93	5.85	5.93	5.85	5.93	5.93	XXX
78650	26	A	CSF leakage imaging	0.61	0.18	0.27	0.18	0.27	0.27	0.18	0.03	0.82	0.91	0.82	0.91	0.82	0.91	0.91	XXX
78650	TC	A	CSF leakage imaging	0.00	4.81	4.80	4.81	4.80	4.80	4.81	0.22	5.03	5.02	5.03	5.02	5.03	5.02	5.02	XXX
78660		A	Nuclear exam of tear flow	0.53	2.34	2.43	2.34	2.43	2.43	2.34	0.13	3.00	3.09	3.00	3.09	3.00	3.09	3.09	XXX
78660	26	A	Nuclear exam of tear flow	0.53	0.14	0.24	0.14	0.24	0.24	0.14	0.03	0.70	0.80	0.70	0.80	0.70	0.80	0.80	XXX
78660	TC	A	Nuclear exam of tear flow	0.00	2.20	2.19	2.20	2.19	2.19	2.20	0.10	2.30	2.29	2.30	2.29	2.30	2.29	2.29	XXX
78699		C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78699	26	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78699	TC	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78700		A	Kidney imaging, static	0.45	3.27	3.35	3.27	3.35	3.35	3.27	0.16	3.88	3.96	3.88	3.96	3.88	3.96	3.96	XXX
78700	26	A	Kidney imaging, static	0.45	0.12	0.20	0.12	0.20	0.20	0.12	0.02	0.59	0.67	0.59	0.67	0.59	0.67	0.67	XXX
78700	TC	A	Kidney imaging, static	0.00	3.15	3.15	3.15	3.15	3.15	3.15	0.14	3.29	3.29	3.29	3.29	3.29	3.29	3.29	XXX
78701		A	Kidney imaging with flow	0.49	3.83	3.90	3.83	3.90	3.90	3.83	0.18	4.50	4.57	4.50	4.57	4.50	4.57	4.57	XXX
78701	26	A	Kidney imaging with flow	0.49	0.13	0.21	0.13	0.21	0.21	0.13	0.02	0.64	0.72	0.64	0.72	0.64	0.72	0.72	XXX
78701	TC	A	Kidney imaging with flow	0.00	3.70	3.69	3.70	3.69	3.69	3.70	0.16	3.86	3.85	3.86	3.85	3.86	3.85	3.85	XXX

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3 \*Indicates RVUs are not used for Medicare payment.



## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	practice expense		practice expense		mal- practice		Non- facility		Non- facility		Facility		Facility		Global
					RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	Total	Total	Total	Total					
78704		A	Imaging renogram	0.74	4.30	4.42	4.30	4.42	0.23	4.42	5.27	5.39	5.27	5.39	5.27	5.39	5.27	5.39	XXX
78704	26	A	Imaging renogram	0.74	0.20	0.33	0.20	0.33	0.04	0.33	0.98	1.11	0.98	1.11	0.98	1.11	0.98	1.11	XXX
78704	TC	A	Imaging renogram	0.00	4.10	4.09	4.10	4.09	0.19	4.09	4.29	4.28	4.29	4.28	4.29	4.28	4.29	4.28	XXX
78707		A	Kidney flow & function image	0.96	4.90	5.04	4.90	5.04	0.26	5.04	6.12	6.26	6.12	6.26	6.12	6.26	6.12	6.26	XXX
78707	26	A	Kidney flow & function image	0.96	0.26	0.41	0.26	0.41	0.05	0.41	1.27	1.42	1.27	1.42	1.27	1.42	1.27	1.42	XXX
78707	TC	A	Kidney flow & function image	0.00	4.64	4.63	4.64	4.63	0.21	4.63	4.85	4.84	4.85	4.84	4.85	4.84	4.85	4.84	XXX
78708		A	Kidney flow & function image	1.21	4.97	5.06	4.97	5.06	0.26	5.06	6.44	6.53	6.44	6.53	6.44	6.53	6.44	6.53	XXX
78708	26	A	Kidney flow & function image	1.21	0.33	0.43	0.33	0.43	0.05	0.43	1.59	1.69	1.59	1.69	1.59	1.69	1.59	1.69	XXX
78708	TC	A	Kidney flow & function image	0.00	4.64	4.63	4.64	4.63	0.21	4.63	4.85	4.84	4.85	4.84	4.85	4.84	4.85	4.84	XXX
78709		A	Kidney flow & function image	1.41	5.02	5.07	5.02	5.07	0.26	5.07	6.69	6.74	6.69	6.74	6.69	6.74	6.69	6.74	XXX
78709	26	A	Kidney flow & function image	1.41	0.38	0.44	0.38	0.44	0.05	0.44	1.84	1.90	1.84	1.90	1.84	1.90	1.84	1.90	XXX
78709	TC	A	Kidney flow & function image	0.00	4.64	4.63	4.64	4.63	0.21	4.63	4.85	4.84	4.85	4.84	4.85	4.84	4.85	4.84	XXX
78710		A	Kidney imaging (3D)	0.66	6.32	6.42	6.32	6.42	0.32	6.42	7.30	7.40	7.30	7.40	7.30	7.40	7.30	7.40	XXX
78710	26	A	Kidney imaging (3D)	0.66	0.19	0.30	0.19	0.30	0.04	0.30	0.89	1.00	0.89	1.00	0.89	1.00	0.89	1.00	XXX
78710	TC	A	Kidney imaging (3D)	0.00	6.13	6.12	6.13	6.12	0.28	6.12	6.41	6.40	6.41	6.40	6.41	6.40	6.41	6.40	XXX
78715		A	Renal vascular flow exam	0.30	1.72	1.77	1.72	1.77	0.10	1.77	2.12	2.17	2.12	2.17	2.12	2.17	2.12	2.17	XXX
78715	26	A	Renal vascular flow exam	0.30	0.09	0.14	0.09	0.14	0.02	0.14	0.41	0.46	0.41	0.46	0.41	0.46	0.41	0.46	XXX
78715	TC	A	Renal vascular flow exam	0.00	1.63	1.63	1.63	1.63	0.08	1.63	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	XXX
78725		A	Kidney function study	0.38	1.95	2.00	1.95	2.00	0.11	2.00	2.44	2.49	2.44	2.49	2.44	2.49	2.44	2.49	XXX
78725	26	A	Kidney function study	0.38	0.10	0.16	0.10	0.16	0.02	0.16	0.50	0.56	0.50	0.56	0.50	0.56	0.50	0.56	XXX
78725	TC	A	Kidney function study	0.00	1.85	1.84	1.85	1.84	0.09	1.84	1.94	1.93	1.94	1.93	1.94	1.93	1.94	1.93	XXX
78730		A	Urinary bladder retention	0.36	1.63	1.67	1.63	1.67	0.09	1.67	2.08	2.12	2.08	2.12	2.08	2.12	2.08	2.12	XXX
78730	26	A	Urinary bladder retention	0.36	0.11	0.16	0.11	0.16	0.02	0.16	0.49	0.54	0.49	0.54	0.49	0.54	0.49	0.54	XXX
78730	TC	A	Urinary bladder retention	0.00	1.52	1.51	1.52	1.51	0.07	1.51	1.59	1.58	1.59	1.58	1.59	1.58	1.59	1.58	XXX
78740		A	Ureteral reflux study	0.57	2.35	2.44	2.35	2.44	0.13	2.44	3.05	3.14	3.05	3.14	3.05	3.14	3.05	3.14	XXX
78740	26	A	Ureteral reflux study	0.57	0.15	0.25	0.15	0.25	0.03	0.25	0.75	0.85	0.75	0.85	0.75	0.85	0.75	0.85	XXX
78740	TC	A	Ureteral reflux study	0.00	2.20	2.19	2.20	2.19	0.10	2.19	2.30	2.29	2.30	2.29	2.30	2.29	2.30	2.29	XXX
78760		A	Testicular imaging	0.66	2.96	3.06	2.96	3.06	0.16	3.06	3.78	3.88	3.78	3.88	3.78	3.88	3.78	3.88	XXX
78760	26	A	Testicular imaging	0.66	0.18	0.29	0.18	0.29	0.03	0.29	0.87	0.98	0.87	0.98	0.87	0.98	0.87	0.98	XXX
78760	TC	A	Testicular imaging	0.00	2.78	2.77	2.78	2.77	0.13	2.77	2.91	2.90	2.91	2.90	2.91	2.90	2.91	2.90	XXX
78761		A	Testicular imaging & flow	0.71	3.53	3.64	3.53	3.64	0.19	3.64	4.43	4.54	4.43	4.54	4.43	4.54	4.43	4.54	XXX
78761	26	A	Testicular imaging & flow	0.71	0.20	0.32	0.20	0.32	0.04	0.32	0.95	1.07	0.95	1.07	0.95	1.07	0.95	1.07	XXX
78761	TC	A	Testicular imaging & flow	0.00	3.33	3.32	3.33	3.32	0.15	3.32	3.48	3.47	3.48	3.47	3.48	3.47	3.48	3.47	XXX
78799		C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78799	26	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78799	TC	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78800		A	Tumor imaging, limited area	0.66	3.71	3.82	3.71	3.82	0.19	3.82	4.56	4.67	4.56	4.67	4.56	4.67	4.56	4.67	XXX
78800	26	A	Tumor imaging, limited area	0.66	0.19	0.30	0.19	0.30	0.03	0.30	0.88	0.99	0.88	0.99	0.88	0.99	0.88	0.99	XXX
78800	TC	A	Tumor imaging, limited area	0.00	3.52	3.52	3.52	3.52	0.16	3.52	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	XXX
78801		A	Tumor imaging, mult areas	0.79	4.60	4.72	4.60	4.72	0.24	4.72	5.63	5.75	5.63	5.75	5.63	5.75	5.63	5.75	XXX

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Mal- practice RVUs	Non- facility		Transitioned Facility		Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs		Total	facility Total	Non- facility Total	Facility Total	Total	Total	
78801	26	A	Tumor imaging, mult areas	0.79	0.22	0.35	0.22	0.35	0.35	0.22	0.04	1.05	1.18	1.18	1.05	1.18	1.18	XXX
78801	TC	A	Tumor imaging, mult areas	0.00	4.38	4.37	4.38	4.37	4.37	4.38	0.20	4.58	4.57	4.57	4.58	4.57	4.57	XXX
78802		A	Tumor imaging, whole body	0.86	5.98	6.11	5.98	6.11	6.11	5.98	0.32	7.16	7.29	7.29	7.16	7.29	7.29	XXX
78802	26	A	Tumor imaging, whole body	0.86	0.24	0.38	0.24	0.38	0.38	0.24	0.05	1.15	1.29	1.29	1.15	1.29	1.29	XXX
78802	TC	A	Tumor imaging, whole body	0.00	5.74	5.73	5.74	5.73	5.73	5.74	0.27	6.01	6.00	6.00	6.01	6.00	6.00	XXX
78803		A	Tumor imaging (3D)	1.09	7.13	7.26	7.13	7.26	7.26	7.13	0.36	8.58	8.71	8.71	8.58	8.71	8.71	XXX
78803	26	A	Tumor imaging (3D)	1.09	0.32	0.47	0.32	0.47	0.47	0.32	0.05	1.46	1.61	1.61	1.46	1.61	1.61	XXX
78803	TC	A	Tumor imaging (3D)	0.00	6.81	6.79	6.81	6.79	6.79	6.81	0.31	7.12	7.10	7.10	7.12	7.10	7.10	XXX
78805		A	Abscess imaging, ltd area	0.73	3.73	3.84	3.73	3.84	3.84	3.73	0.20	4.66	4.77	4.77	4.66	4.77	4.77	XXX
78805	26	A	Abscess imaging, ltd area	0.73	0.21	0.32	0.21	0.32	0.32	0.21	0.04	0.98	1.09	1.09	0.98	1.09	1.09	XXX
78805	TC	A	Abscess imaging, ltd area	0.00	3.52	3.52	3.52	3.52	3.52	3.52	0.16	3.68	3.68	3.68	3.68	3.68	3.68	XXX
78806		A	Abscess imaging, whole body	0.86	6.91	7.03	6.91	7.03	7.03	6.91	0.36	8.13	8.25	8.25	8.13	8.25	8.25	XXX
78806	26	A	Abscess imaging, whole body	0.86	0.24	0.37	0.24	0.37	0.37	0.24	0.05	1.15	1.28	1.28	1.15	1.28	1.28	XXX
78806	TC	A	Abscess imaging, whole body	0.00	6.67	6.66	6.67	6.66	6.66	6.67	0.31	6.98	6.97	6.97	6.98	6.97	6.97	XXX
78807		A	Nuclear localization/abscess	1.09	7.12	7.26	7.12	7.26	7.26	7.12	0.36	8.57	8.71	8.71	8.57	8.71	8.71	XXX
78807	26	A	Nuclear localization/abscess	1.09	0.31	0.47	0.31	0.47	0.47	0.31	0.05	1.45	1.61	1.61	1.45	1.61	1.61	XXX
78807	TC	A	Nuclear localization/abscess	0.00	6.81	6.79	6.81	6.79	6.79	6.81	0.31	7.12	7.10	7.10	7.12	7.10	7.10	XXX
78810		N	Tumor imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78810	26	N	Tumor imaging (PET)	+1.93	0.73	1.30	0.73	1.30	1.30	0.73	0.08	2.74	3.31	3.31	2.74	3.31	3.31	XXX
78810	TC	N	Tumor imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78890		B	Nuclear medicine data proc	+0.05	1.36	1.37	1.36	1.37	1.37	1.36	0.06	1.47	1.48	1.48	1.47	1.48	1.48	XXX
78890	26	B	Nuclear medicine data proc	+0.05	0.02	0.02	0.02	0.02	0.02	0.02	0.00	0.07	0.07	0.07	0.07	0.07	0.07	XXX
78890	TC	B	Nuclear medicine data proc	+0.00	1.34	1.35	1.34	1.35	1.35	1.34	0.06	1.40	1.41	1.41	1.40	1.41	1.41	XXX
78891		B	Nuclear med data proc	+0.10	2.77	2.77	2.77	2.77	2.77	2.77	0.14	3.01	3.01	3.01	3.01	3.01	3.01	XXX
78891	26	B	Nuclear med data proc	+0.10	0.04	0.05	0.04	0.05	0.05	0.04	0.01	0.15	0.16	0.16	0.15	0.16	0.16	XXX
78891	TC	B	Nuclear med data proc	+0.00	2.73	2.72	2.73	2.72	2.72	2.73	0.13	2.86	2.85	2.85	2.86	2.85	2.85	XXX
78990		I	Provide diag radionuclide(s)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999		C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999	26	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999	TC	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79000		A	Initial hyperthyroid therapy	1.80	3.24	3.51	3.24	3.51	3.51	3.24	0.22	5.26	5.53	5.53	5.26	5.53	5.53	XXX
79000	26	A	Initial hyperthyroid therapy	1.80	0.51	0.79	0.51	0.79	0.79	0.51	0.09	2.40	2.68	2.68	2.40	2.68	2.68	XXX
79000	TC	A	Initial hyperthyroid therapy	0.00	2.73	2.72	2.73	2.72	2.72	2.73	0.13	2.86	2.85	2.85	2.86	2.85	2.85	XXX
79001		A	Repeat hyperthyroid therapy	1.05	1.64	1.80	1.64	1.80	1.80	1.64	0.11	2.80	2.96	2.96	2.80	2.96	2.96	XXX
79001	26	A	Repeat hyperthyroid therapy	1.05	0.30	0.45	0.30	0.45	0.45	0.30	0.05	1.40	1.55	1.55	1.40	1.55	1.55	XXX
79001	TC	A	Repeat hyperthyroid therapy	0.00	1.34	1.35	1.34	1.35	1.35	1.34	0.06	1.40	1.41	1.41	1.40	1.41	1.41	XXX
79020		A	Thyroid ablation	1.81	3.22	3.50	3.22	3.50	3.50	3.22	0.22	5.25	5.53	5.53	5.25	5.53	5.53	XXX
79020	26	A	Thyroid ablation	1.81	0.49	0.78	0.49	0.78	0.78	0.49	0.09	2.39	2.68	2.68	2.39	2.68	2.68	XXX
79020	TC	A	Thyroid ablation	0.00	2.73	2.72	2.73	2.72	2.72	2.73	0.13	2.86	2.85	2.85	2.86	2.85	2.85	XXX
79030		A	Thyroid ablation, carcinoma	2.10	3.32	3.63	3.32	3.63	3.63	3.32	0.24	5.66	5.97	5.97	5.66	5.97	5.97	XXX

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	
80101	X		Drug screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80102	X		Drug confirmation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80103	X		Drug analysis, tissue prep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80150	X		Assay of amikacin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80152	X		Assay of amikacin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80154	X		Assay of benzodiazepines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80156	X		Assay of benzodiazepines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80158	X		Assay of carbamazepine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80158	X		Assay of cyclosporine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80160	X		Assay of desipramine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80162	X		Assay for digoxin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80164	X		Assay, dipropylacetic acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80166	X		Assay of doxepin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80168	X		Assay of ethosuximide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80170	X		Gentamicin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80172	X		Assay for gold	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80174	X		Assay of imipramine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80176	X		Assay for lidocaine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80178	X		Assay for lithium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80182	X		Assay for nortriptyline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80184	X		Assay for phenobarbital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80185	X		Assay for phenytoin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80186	X		Assay for phenytoin, free	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80188	X		Assay for primidone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80190	X		Assay for procainamide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80192	X		Assay for procainamide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80194	X		Assay for quinidine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80196	X		Assay for salicylate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80197	X		Assay for tacrolimus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80198	X		Assay for theophylline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80200	X		Assay for tobramycin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80201	X		Assay for topiramate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80202	X		Assay for vancomycin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80299	X		Quantitative assay, drug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80400	X		Ach stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80402	X		Ach stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80406	X		Ach stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80408	X		Aldosterone suppression eval	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80410	X		Calcitonin stimulat panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80412	X		CRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80414	X		Testosterone response	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitional		Transitional		Non-facility		Transitional		Facility		Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
80415	X		Estradiol response panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80416	X		Renin stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80417	X		Renin stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80418	X		Pituitary evaluation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80420	X		Dexamethasone panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80422	X		Glucagon tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80424	X		Glucagon tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80426	X		Gonadotropin hormone panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80428	X		Growth hormone panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80430	X		Growth hormone panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80432	X		Insulin suppression panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80434	X		Insulin tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80435	X		Insulin tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80436	X		Metyrapone panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80438	X		TRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80439	X		TRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80440	X		TRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80500	A		Lab pathology consultation	0.37	0.20	0.22	0.15	0.55	0.20	0.41	0.01	0.58	0.60	1.77	0.53	1.90	0.58	1.76	XXX
80502	A		Lab pathology consultation	1.33	0.58	0.42	0.55	0.55	0.41	0.02	0.02	1.93	1.77	0.00	0.00	0.00	0.00	0.00	XXX
81000	X		Urinalysis, nonauto, w/scope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81001	X		Urinalysis, auto, w/scope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81002	X		Urinalysis nonauto w/o scope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81003	X		Urinalysis, auto, w/o scope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81005	X		Urinalysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81007	X		Urine screen for bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81015	X		Microscopic exam of urine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81020	X		Urinalysis, glass test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81025	X		Urine pregnancy test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81050	X		Urinalysis, volume measure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81099	X		Urinalysis test procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82000	X		Assay blood acetalddehyde	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82003	X		Assay acetaminophen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82009	X		Test for acetone/ketones	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82010	X		Acetone assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82013	X		Acetylcholinesterase assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82016	X		Acylcarnitines, qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82017	X		Acylcarnitines, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82024	X		ACTH	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82030	X		ADP & AMP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82040	X		Assay serum albumin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs		Non- facility practice expense RVUs		Transitioned Non-facility practice expense RVUs		Transitioned Facility practice expense RVUs		Mal- practice RVUs		Non- facility Total		Transitioned Non- facility Total		Facility Total		Transitioned Facility Total		Global
82042		X	Assay urine albumin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82043		X	Microalbumin, quantitative	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82044		X	Microalbumin, semiquant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82055		X	Assay ethanol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82075		X	Assay breath ethanol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82085		X	Assay of aldolase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82088		X	Aldosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82101		X	Assay of urine alkaloids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82103		X	Alpha-1-antitrypsin, total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82104		X	Alpha-1-antitrypsin, pheno	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82105		X	Alpha-fetoprotein, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82106		X	Alpha-fetoprotein; amniotic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82108		X	Assay, aluminum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82127		X	Amino acid, single qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82128		X	Amino acids, mult qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82130		D	Amino acids analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82131		X	Amino acids, single quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82135		X	Assay, aminolevulinic acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82136		X	Amino acids, 2-5 quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82139		X	Amino acids, 6+ quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82140		X	Assay of ammonia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82143		X	Amniotic fluid scan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82145		X	Assay of amphetamines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82150		X	Assay of amylase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82154		X	Androstanediol glucuronide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82157		X	Assay of androstenedione	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82160		X	Androsterone assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82163		X	Assay of angiotensin II	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82164		X	Angiotensin I enzyme test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82172		X	Apolipoprotein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82175		X	Assay of arsenic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82180		X	Assay of ascorbic acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82190		X	Atomic absorption	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82205		X	Assay of barbiturates	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82232		X	Beta-2 protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82239		X	Bile acids, total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82240		X	Bile acids, cholyglycine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82247		X	Bilirubin total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82248		X	Bilirubin direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82250		D	Assay bilirubin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	
82251	I		Assay bilirubin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82252	X		Fecal bilirubin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82261	X		Assay biotinidase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82270	X		Test feces for blood	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82273	X		Test for blood, other source	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82286	X		Assay of bradykinin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82300	X		Assay cadmium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82306	X		Assay of vitamin D	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82307	X		Assay of vitamin D	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82308	X		Assay of calcitonin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82310	X		Assay calcium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82330	X		Assay calcium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82331	X		Calcium infusion test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82340	X		Assay calcium in urine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82355	X		Calculus (stone) analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82360	X		Calculus (stone) assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82365	X		Calculus (stone) assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82370	X		X-ray assay,calculus (stone)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82374	X		Assay blood carbon dioxide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82375	X		Assay blood carbon monoxide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82376	X		Test for carbon monoxide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82378	X		Carcinoembryonic antigen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82379	X		Assay carnitine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82380	X		Assay carotene	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82382	X		Assay urine catecholamines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82383	X		Assay blood catecholamines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82384	X		Assay three catecholamines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82387	X		Cathepsin-D	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82390	X		Assay ceruloplasmin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82397	X		Chemiluminescent assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82415	X		Assay chloramphenicol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82435	X		Assay blood chloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82436	X		Assay urine chloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82438	X		Assay other fluid chlorides	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82441	X		Test for chlorohydrocarbons	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82465	X		Assay serum cholesterol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82480	X		Assay serum cholinesterase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82482	X		Assay rbc cholinesterase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82485	X		Assay chondroitin sulfate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82486	X		Gas/liquid chromatography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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3 +indicates RVUs are not used for Medicare payment.



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitional Non-facility		Transitional Facility		Mal- practice		Transitional Non- facility		Transitional Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	
82487		X	Paper chromatography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82488		X	Paper chromatography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82489		X	Thin layer chromatography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82491		X	Chromatography, quantitative	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82492		X	Chromatography, quant, mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82495		X	Assay chromium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82507		X	Assay citrate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82520		X	Assay for cocaine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82523		X	Collagen crosslinks	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82525		X	Assay copper	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82528		X	Assay corticosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82530		X	Cortisol, free	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82533		X	Total cortisol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82540		X	Assay creatine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82541		X	Column chromatography quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82542		X	Column chromatography quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82543		X	Column chromatography/isotope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82544		X	Column chromatography quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82550		X	Assay CK (CPK)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82552		X	Assay CPK in blood	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82553		X	Creatine, MB fraction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82554		X	Creatine, isoforms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82565		X	Assay creatinine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82570		X	Assay urine creatinine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82575		X	Creatinine clearance test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82585		X	Assay cryofibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82595		X	Assay cryoglobulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82600		X	Assay cyanide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82607		X	Vitamin B-12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82608		X	B-12 binding capacity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82615		X	Test for urine cystines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82626		X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82627		X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82633		X	Desoxycorticosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82634		X	Deoxycortisol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82638		X	Assay dibucaine number	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82646		X	Assay of dihydrocodeinone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82649		X	Assay of dihydromorphine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82651		X	Dihydrotestosterone assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82652		X	Assay, dihydroxyvitamin D	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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3 \*Indicates RVUs are not used for Medicare payment.



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitional Non-facility		Transitional Facility		Mal- practice		Transitional Non- facility		Facility		Transitional Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	
82654		X	Assay of dimethadione	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82657		X	Enzyme cell activity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82658		X	Enzyme cell activity ra	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82664		X	Electrophoretic test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82666		X	Epiandrosterone assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82668		X	Erythropoietin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82670		X	Estradiol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82671		X	Estrogens assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82672		X	Estrogen assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82677		X	Estrilol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82679		X	Estrone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82690		X	Ethchlorvynol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82693		X	Ethylene glycol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82696		X	Etiocolanolone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82705		X	Fats/lipids, feces, qualitativ	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82710		X	Fats/lipids, feces, quantitativ	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82715		X	Fecal fat assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82725		X	Assay blood fatty acids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82726		X	Long chain fatty acids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82728		X	Assay ferritin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82731		X	Fetal fibronectin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82735		X	Assay fluoride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82742		X	Assay of flurazepam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82746		X	Blood folic acid serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82747		X	Folic acid, RBC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82757		X	Assay semen fructose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82759		X	RBC galactokinase assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82760		X	Assay galactose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82775		X	Assay galactose transferase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82776		X	Galactose transferase test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82784		X	Assay gammaglobulin IgM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82785		X	Assay, gammaglobulin IgE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82787		X	IgG1, 2, 3 and 4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82800		X	Blood pH	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82803		X	Blood gases: pH, pO2 & pCO2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82805		X	Blood gases W/O2 saturation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82810		X	Blood gases, O2 sat only	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82820		X	Hemoglobin-oxygen affinity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82926		X	Assay gastric acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82928		X	Assay gastric acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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3 \*Indicates RVUs are not used for Medicare payment.



**APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -**

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice		Non- facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
82938		X	Gastrin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82941		X	Assay of gastrin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82943		X	Assay of glucagon	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82946		X	Glucagon tolerance test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82947		X	Assay quantitative, glucose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82948		X	Reagent strip/blood glucose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82950		X	Glucose test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82951		X	Glucose tolerance test (GTT)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82952		X	GTT-added samples	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82953		X	Glucose-tolbutamide test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82955		X	Assay G6PD enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82960		X	Test for G6PD enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82962		X	Glucose blood test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82963		X	Glucosidase assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82965		X	Assay GDH enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82975		X	Assay glutamine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82977		X	Assay of GGT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82978		X	Glutathione assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82979		X	Assay RBC glutathione enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82980		X	Assay of glutethimide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82985		X	Glycated protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83001		X	Gonadotropin (FSH)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83002		X	Gonadotropin (LH)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83003		X	Assay growth hormone (HGH)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83008		X	Assay guanosine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83010		X	Quant assay haptoglobin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83012		X	Assay haptoglobins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83013		X	H pylori breath test anal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83014		X	H pylori drug admin/collect	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83015		X	Heavy metal screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83018		X	Quantitative screen, metals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83019		D	Breath isotope test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83020		X	Hemoglobin electrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83020	26	A	Hemoglobin electrophoresis	0.37	0.15	0.20	0.15	0.20	0.15	0.20	0.15	0.20	0.01	0.01	0.53	0.58	0.53	0.58	0.58	0.58	XXX
83021		X	Hemoglobin chromatography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83026		X	Hemoglobin, copper sulfate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83030		X	Fetal hemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83033		X	Fetal fecal hemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83036		X	Glycated hemoglobin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83045		X	Blood methemoglobin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX



## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs 3	Non- facility		Transitional		Facility		Mal- practice		Transitional		Facility		Transitional		Global
					practice RVUs	expense RVUs	Non-facility practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	Non- facility Total	Facility Total	Non- facility Total	Facility Total	Non- facility Total	Facility Total	
83050	X		Blood methemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83051	X		Assay plasma hemoglobin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83055	X		Blood sulfhemoglobin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83060	X		Blood sulfhemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83065	X		Hemoglobin heat assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83068	X		Hemoglobin stability screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83069	X		Assay urine hemoglobin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83070	X		Qualt assay hemosiderin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83071	X		Quant assay of hemosiderin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83080	X		B hexosaminidase assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83088	X		Assay histamine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83150	X		Assay for HVA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83491	X		Assay of corticosteroids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83497	X		Assay 5-HIAA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83498	X		Assay of progesterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83499	X		Assay of progesterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83500	X		Assay free hydroxyproline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83505	X		Assay total hydroxyproline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83516	X		Immunoassay, non antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83518	X		Immunoassay, dipstick	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83519	X		Immunoassay nonantibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83520	X		Immunoassay, RIA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83525	X		Assay of insulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83527	X		Assay of insulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83528	X		Assay intrinsic factor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83540	X		Assay iron	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83550	X		Iron binding test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83570	X		Assay IDH enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83582	X		Assay ketogenic steroids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83586	X		Assay 17-(17-KS)ketosteroids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83593	X		Fractionation ketosteroids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83605	X		Lactic acid assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83615	X		Lactate (LD) (LDH) enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83625	X		Assay LDH enzymes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83632	X		Placental lactogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83633	X		Test urine for lactose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83634	X		Assay urine for lactose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83655	X		Assay for lead	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83661	X		Assay L/S ratio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83662	X		L/S ratio, foam stability	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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3 \*Indicates RVUs are not used for Medicare payment.



## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs 3	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					RVUs	expense	RVUs	expense	RVUs	expense	RVUs	expense	RVUs	expense	RVUs	expense	RVUs	expense	RVUs	expense	
83670		X	Assay LAP enzyme	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83690		X	Assay lipase	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83715		X	Assay blood lipoproteins	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83716		X	Assay blood lipoproteins	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83717		D	Assay blood lipoproteins	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83718		X	Blood lipoprotein assay	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83719		X	Blood lipoprotein assay	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83721		X	Blood lipoprotein assay	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83727		X	LRH hormone assay	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83735		X	Assay magnesium	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83775		X	Assay of md enzyme	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83785		X	Assay of manganese	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83788		X	Mass spectrometry qual	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83789		X	Mass spectrometry quant	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83805		X	Assay of meprobamate	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83825		X	Assay mercury	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83835		X	Assay methanephines	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83840		X	Assay methadone	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83857		X	Assay methemalbumin	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83858		X	Assay methsuximide	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83864		X	Mucopolysaccharides	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83866		X	Mucopolysaccharides screen	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83872		X	Assay synovial fluid mucin	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83873		X	Assay, CSF protein	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83874		X	Myoglobin	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83883		X	Nephelometry, not specified	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83885		X	Assay for nickel	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83887		X	Assay nicotine	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83890		X	Molecule isolate	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83891		X	Molecule isolate nucleic	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83892		X	Molecular diagnostics	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83893		X	Molecule dot/slot/blot	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83894		X	Molecule gel electrophor	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83896		X	Molecular diagnostics	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83897		X	Molecule nucleic transfer	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83898		X	Molecule nucleic amp	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83901		X	Molecule nucleic amp	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83902		X	Molecular diagnostics	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83903		X	Molecule mutation scan	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
83904		X	Molecule mutation identify	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Mal- practice RVUs		Non- facility Total		Transitioned Facility Total		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	RVUs	RVUs	facility Total	Non- facility Total	Facility Total	Facility Total	
83905		X	Molecule mutation identify	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83906		X	Molecule mutation identify	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83912		X	Genetic examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83912	26	A	Genetic examination	0.37	0.13	0.20	0.15	0.20	0.20	0.01	0.01	0.51	0.58	0.58	0.53	0.58	XXX
83915		X	Assay nucleotidase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83916		X	Oligoclonal bands	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83918		X	Assay organic acids quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83919		X	Assay organic acids qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83925		X	Opiates	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83930		X	Assay blood osmolality	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83935		X	Assay urine osmolality	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83937		X	Assay for osteocalcin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83945		X	Assay oxalate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83970		X	Assay of parathormone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83986		X	Assay body fluid acidity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83992		X	Assay for phenocyclidine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84022		X	Assay of phenothiazine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84030		X	Assay blood PKU	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84035		X	Assay phenylketones	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84060		X	Assay acid phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84061		X	Phosphatase, forensic exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84066		X	Assay prostate phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84075		X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84078		X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84080		X	Assay alkaline phosphatases	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84081		X	Amniotic fluid enzyme test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84085		X	Assay RBC PG6D enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84087		X	Assay phosphohexose enzymes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84100		X	Assay phosphorus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84105		X	Assay urine phosphorus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84106		X	Test for porphobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84110		X	Assay porphobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84119		X	Test urine for porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84120		X	Assay urine porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84126		X	Assay feces porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84127		X	Porphyrins, feces	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84132		X	Assay serum potassium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84133		X	Assay urine potassium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84134		X	Prealbumin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84135		X	Assay pregnanediol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Mal- practice		Transitioned Non- facility		Transitioned Facility		Global
					expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	RVUs	RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	
84138		X	Assay pregnanetriol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84140		X	Assay for pregnenolone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84143		X	Assay/17-hydroxypregnenolone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84144		X	Assay progesterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84146		X	Assay for prolactin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84150		X	Assay of prostaglandin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84153		X	Psa total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84154		X	Psa free	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84155		X	Assay protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84160		X	Assay serum protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84165		X	Assay serum proteins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84165	26	A	Assay serum proteins	0.37	0.15	0.20	0.20	0.15	0.20	0.20	0.01	0.53	0.58	0.53	0.58	0.58	XXX
84181		X	Western blot test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84181	26	A	Western blot test	0.37	0.14	0.20	0.20	0.15	0.20	0.20	0.01	0.52	0.58	0.53	0.58	0.58	XXX
84182		X	Protein, western blot test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84182	26	A	Protein, western blot test	0.37	0.14	0.20	0.20	0.15	0.20	0.20	0.01	0.52	0.58	0.53	0.58	0.58	XXX
84202		X	Assay RBC protoporphyrin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84203		X	Test RBC protoporphyrin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84206		X	Assay of proinsulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84207		X	Assay vitamin B-6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84210		X	Assay pyruvate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84220		X	Assay pyruvate kinase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84228		X	Assay quinone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84233		X	Assay estrogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84234		X	Assay progesterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84235		X	Assay endocrine hormone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84238		X	Assay non-endocrine receptor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84244		X	Assay of renin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84252		X	Assay vitamin B-2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84255		X	Assay selenium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84260		X	Assay serotonin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84270		X	Sex hormone globulin (SHBG)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84275		X	Assay sialic acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84285		X	Assay silica	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84295		X	Assay serum sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84300		X	Assay urine sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84305		X	Somatostatin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84307		X	Somatostatin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84311		X	Spectrophotometry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84315		X	Body fluid specific gravity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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 3 \*Indicates RVUs are not used for Medicare payment.



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Non- facility		Transitioned Facility		Facility Total		Transitioned Facility Total		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	Total	Total	Total	Total	
84375	X		Chromatogram assay, sugars	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84376	X		Sugars single qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84377	X		Sugars multiple qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84378	X		Sugars single quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84379	X		Sugars multiple quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84392	X		Assay urine sulfate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84402	X		Testosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84403	X		Assay total testosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84425	X		Assay vitamin B-1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84430	X		Assay thiocyanate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84432	X		Thyroglobulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84436	X		Assay, total thyroxine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84437	X		Assay neonatal thyroxine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84439	X		Assay, free thyroxine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84442	X		Thyroid activity (TBG) assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84443	X		Assay thyroid stim hormone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84445	X		Thyroid immunoglobulins TSI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84446	X		Assay vitamin E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84449	X		Assay for transcortin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84450	X		Transferrase (AST) (SGOT)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84460	X		Alanine amino (ALT) (SGPT)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84466	X		Transferrin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84478	X		Assay triglycerides	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84479	X		Assay thyroid (t-3 or t-4)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84480	X		Assay triiodothyronine (t-3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84481	X		Free assay (FT-3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84482	X		T3 reverse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84484	X		Troponin, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84485	X		Assay duodenal fluid trypsin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84488	X		Test feces for trypsin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84490	X		Assay feces for trypsin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84510	X		Assay tyrosine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84512	X		Troponin, qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84520	X		Assay urea nitrogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84525	X		Urea nitrogen semi-quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84540	X		Assay urine urea-N	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84545	X		Urea-N clearance test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84550	X		Assay blood uric acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84560	X		Assay urine uric acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84577	X		Assay feces urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility			Transitioned			Facility			Mal-practice			Non-facility			Transitioned			Facility			Global
					practice expense RVUs	practice expense RVUs	Total	practice expense RVUs	practice expense RVUs	Total	practice expense RVUs	practice expense RVUs	Total	practice expense RVUs	practice expense RVUs	Total	practice expense RVUs	practice expense RVUs	Total	practice expense RVUs	practice expense RVUs	Total	practice expense RVUs	practice expense RVUs	Total	
84578	X		Test urine urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX		
84580	X		Assay urine urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX		
84583	X		Assay urine urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX		
84585	X		Assay urine VMA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX		
84586	X		VIP assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX		
84588	X		Assay vasopressin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX		
84590	X		Assay vitamin-A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX		
84597	X		Assay vitamin-K	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX		
84600	X		Assay for volatiles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX		
84620	X		Xylose tolerance test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX		
84630	X		Assay Zinc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX		
84681	X		Assay C-peptide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX		
84702	X		Chorionic gonadotropin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX		
84703	X		Chorionic gonadotropin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX		
84830	X		Ovulation tests	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX		
84999	X		Clinical chemistry test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX		
85002	X		Bleeding time test																							

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Non- facility		Transitioned Facility		Non- facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
85390	26	A	Fibrinolytics screen	0.37	0.14	0.20	0.20	0.14	0.20	0.00	0.52	0.00	0.58	0.52	0.00	0.00	0.58	0.00	XXX
85400		X	Fibrinolytic plasmin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85410		X	Fibrinolytic antiplasmin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85415		X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85420		X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85421		X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85441		X	Heinz bodies; direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85445		X	Heinz bodies; induced	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85460		X	Hemoglobin, fetal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85461		X	Hemoglobin, fetal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85475		X	Hemolysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85520		X	Heparin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85525		X	Heparin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85530		X	Heparin-protamine tolerance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85535		X	Iron stain, blood cells	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85540		X	Wbc alkaline phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85547		X	RBC mechanical fragility	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85549		X	Muramidase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85555		X	RBC osmotic fragility	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85557		X	RBC osmotic fragility	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85576		X	Blood platelet aggregation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85576	26	A	Blood platelet aggregation	0.37	0.15	0.20	0.20	0.15	0.20	0.00	0.53	0.00	0.58	0.53	0.00	0.00	0.58	0.00	XXX
85585		X	Blood platelet estimation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85590		X	Platelet manual count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85595		X	Platelet count, automated	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85597		X	Platelet neutralization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85610		X	Prothrombin time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85611		X	Prothrombin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85612		X	Viper venom prothrombin time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85613		X	Russell viper venom, diluted	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85635		X	Reptilase test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85651		X	Rbc sed rate, nonauto	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85652		X	Rbc sed rate, auto	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85660		X	RBC sickle cell test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85670		X	Thrombin time, plasma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85675		X	Thrombin time, titer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85705		X	Thromboplastin inhibition	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85730		X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85732		X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85810		X	Blood viscosity examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitional		Transitional		Mal- practice		Non- facility		Transitional		Transitional		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	practice RVUs	expense RVUs	RVUs	RVUs	practice RVUs	expense RVUs	
85999		X	Hematology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86000		X	Agglutinins; febrile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86003		X	Allergen specific IgE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86005		X	Allergen specific IgE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86021		X	WBC antibody identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86022		X	Platelet antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86023		X	Immunoglobulin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86038		X	Antinuclear antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86039		X	Antinuclear antibodies (ANA)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86060		X	Antistreptolysin O titer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86063		X	Antistreptolysin O screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86077		A	Physician blood bank service	0.94	0.46	0.36	0.38	0.41	0.39	0.38	0.34	0.02	1.42	1.32	1.32	1.34	1.30	1.30	XXX
86078		A	Physician blood bank service	0.94	0.51	0.41	0.39	0.40	0.39	0.37	0.02	0.02	1.47	1.37	1.37	1.35	1.34	1.34	XXX
86079		A	Physician blood bank service	0.94	0.50	0.40	0.39	0.40	0.39	0.37	0.02	0.02	1.46	1.36	1.36	1.35	1.33	1.33	XXX
86140		X	C-reactive protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86147		X	Cardiolipin antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86148		X	Phospholipid antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86155		X	Chemotaxis assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86156		X	Cold agglutinin screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86157		X	Cold agglutinin, titer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86160		X	Complement, antigen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86161		X	Complement/function activity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86162		X	Complement, total (CH50)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86171		X	Complement fixation, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86185		X	Counterimmunoelectrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86215		X	Deoxyribonuclease, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86225		X	DNA antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86226		X	DNA antibody, single strand	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86235		X	Nuclear antigen antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86243		X	Fc receptor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86255		X	Fluorescent antibody; screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86255	26	A	Fluorescent antibody; screen	0.37	0.17	0.21	0.15	0.21	0.15	0.20	0.01	0.01	0.55	0.59	0.59	0.53	0.58	0.58	XXX
86256		X	Fluorescent antibody; titer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86256	26	A	Fluorescent antibody; titer	0.37	0.15	0.20	0.15	0.20	0.15	0.20	0.01	0.01	0.53	0.58	0.58	0.53	0.58	0.58	XXX
86277		X	Growth hormone antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86280		X	Hemagglutination inhibition	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86308		X	Heterophile antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86309		X	Heterophile antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86310		X	Heterophile antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86316		X	Immunoassay, tumor antigen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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3 \*Indicates RVUs are not used for Medicare payment.



# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
86317		X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86318		X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86320		X	Serum immunoelectrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86320	26	A	Serum immunoelectrophoresis	0.37	0.17	0.21	0.21	0.15	0.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86325		X	Other immunoelectrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86325	26	A	Other immunoelectrophoresis	0.37	0.15	0.20	0.20	0.15	0.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86327		X	Immunoelectrophoresis assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86327	26	A	Immunoelectrophoresis assay	0.42	0.15	0.20	0.20	0.18	0.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86329		X	Immunodiffusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86331		X	Immunodiffusion, ocherlony	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86332		X	Immune complex assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86334		X	Immunofixation procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86334	26	A	Immunofixation procedure	0.37	0.14	0.20	0.20	0.15	0.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86337		X	Insulin antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86340		X	Intrinsic factor antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86341		X	Islet cell antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86343		X	Leukocyte histamine release	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86344		X	Leukocyte phagocytosis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86353		X	Lymphocyte transformation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86359		X	T cells, total count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86360		X	T cell absolute count/ratio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86361		X	T cell absolute count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86376		X	Microsomal antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86378		X	Migration inhibitory factor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86382		X	Neutralization test, viral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86384		X	Nitroblue tetrazolium dye	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86403		X	Particle agglutination test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86406		X	Particle agglutination test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86430		X	Rheumatoid factor test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86431		X	Rheumatoid factor, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86485		C	Skin test, candida	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86490		A	Coccidioidomycosis skin test	0.00	0.31	0.30	0.30	0.31	0.30	0.02	0.02	0.32	0.33	0.32	0.32	0.32	0.33	0.32	0.32	0.32	XXX
86510		A	Histoplasmosis skin test	0.00	0.33	0.33	0.33	0.33	0.33	0.02	0.02	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	XXX
86580		A	TB intradermal test	0.00	0.26	0.26	0.26	0.26	0.26	0.02	0.02	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	XXX
86585		A	TB tine test	0.00	0.21	0.21	0.21	0.21	0.21	0.01	0.01	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	XXX
86586		C	Skin test, unlisted	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86588		X	Streptococcus, direct screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86590		X	Streptokinase, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86592		X	Blood serology, qualitative	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86593		X	Blood serology, quantitative	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
86602	X		Antinomyces antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86603	X		Adenovirus, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86606	X		Aspergillus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86609	X		Bacterium, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86612	X		Blastomyces, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86615	X		Bordetella antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86617	X		Lyme disease antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86618	X		Lyme disease antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86619	X		Borrelia antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86622	X		Brucella, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86625	X		Campylobacter, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86628	X		Candida, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86631	X		Chlamydia, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86632	X		Chlamydia, IgM, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86635	X		Coccidioides, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86638	X		Q fever antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86641	X		Cryptococcus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86644	X		CMV antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86645	X		CMV antibody, IgM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86648	X		Diphtheria antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86651	X		Encephalitis antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86652	X		Encephalitis antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86653	X		Encephalitis, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86654	X		Encephalitis, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86658	X		Enterovirus, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86663	X		Epstein-barr antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86664	X		Epstein-barr antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86665	X		Epstein-barr, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86668	X		Francisella tularensis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86671	X		Fungus, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86674	X		Giardia lamblia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86677	X		Helicobacter pylori	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86682	X		Helminth, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86684	X		Hemophilus influenza	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86687	X		HTLV-I	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86688	X		HTLV-II	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86689	X		HTLV/HIV confirmatory test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86692	X		Hepatitis, delta agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86694	X		Herpes simplex test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86695	X		Herpes simplex test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

1 CPT codes and descriptions only are copyright 1998 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.  
 2 Copyright 1994 American Dental Association. All rights reserved.  
 3 \*Indicates RVUs are not used for Medicare payment.



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	
86698		X	Histoplasma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86701		X	HIV-1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86702		X	HIV-2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86703		X	HIV-1/HIV-2, single assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86704		X	Hep b core ab test, igg & m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86705		X	Hep b core ab test, igm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86706		X	Hepatitis b surface ab test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86707		X	Hepatitis be ab test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86708		X	Hep a ab test, igg & m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86709		X	Hep a ab test, igm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86710		X	Influenza virus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86713		X	Legionella	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86717		X	Leishmania	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86720		X	Leptospirosis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86723		X	Listeria monocytogenes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86727		X	Lymph choriomeningitis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86729		X	Lympho venereum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86732		X	Mucormycosis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86735		X	Mumps	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86738		X	Mycoplasma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86741		X	Neisseria meningitidis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86744		X	Nocardia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86747		X	Parvovirus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86750		X	Malaria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86753		X	Protozoa, not elsewhere	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86756		X	Respiratory virus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86759		X	Rotavirus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86762		X	Rubella	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86765		X	Rubeola	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86768		X	Salmonella	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86771		X	Shigella	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86774		X	Tetanus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86777		X	Toxoplasma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86778		X	Toxoplasma, IgM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86781		X	Treponema pallidum confirm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86784		X	Trichinella	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86787		X	Varicella-zoster	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86790		X	Virus, not specified	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86793		X	Yersinia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86800		X	Thyroglobulin antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX



CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility			Transitioned Facility			Transitioned Non- facility			Transitioned Facility			Global
					practice expense RVUs	practice expense RVUs	practice expense RVUs	Mal- practice RVUs	Non- facility Total	Non- facility Total	Facility Total	Facility Total					
36803		X	Hepatitis c ab test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36804		X	Hep c ab test, confirm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36805		X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36806		X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36807		X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36808		X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36812		X	HLA typing, A, B, or C	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36813		X	HLA typing, A, B, or C	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36816		X	HLA typing, DR/DQ	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36817		X	HLA typing, DR/DQ	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36821		X	Lymphocyte culture, mixed	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36822		X	Lymphocyte culture, primed	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36849		X	Immunology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36850		X	RBC antibody screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36860		X	RBC antibody elution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36870		X	RBC antibody identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36880		X	Coombs test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36885		X	Coombs test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36886		X	Coombs test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36890		X	Autologous blood process	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36891		X	Autologous blood, op salvage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36900		X	Blood typing, ABO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36901		X	Blood typing, Rh (D)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36903		X	Blood typing, antigen screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36904		X	Blood typing,														

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice expense RVUs	Non-facility expense RVUs	practice expense RVUs	Non-facility expense RVUs	practice expense RVUs	Facility expense RVUs	practice expense RVUs	Non-facility expense RVUs		practice expense RVUs	Non-facility expense RVUs	practice expense RVUs	Non-facility expense RVUs	practice expense RVUs	Facility expense RVUs	practice expense RVUs	Non-facility expense RVUs	
86950		X	Leukocyte transfusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86965		X	Pooling blood platelets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86970		X	RBC pretreatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86971		X	RBC pretreatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86972		X	RBC pretreatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86975		X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86976		X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86977		X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86978		X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86985		X	Split blood or products	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86999		X	Transfusion procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87001		X	Small animal inoculation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87003		X	Small animal inoculation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87015		X	Specimen concentration	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87040		X	Blood culture for bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87045		X	Stool culture for bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87060		X	Nose/throat culture, bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87070		X	Culture specimen, bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87072		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87075		X	Culture specimen, bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87076		X	Bacteria identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87081		X	Bacteria culture screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87082		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87083		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87084		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87085		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87086		X	Urine culture, colony count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87087		X	Urine bacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87088		X	Urine bacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87101		X	Skin fungus culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87102		X	Fungus isolation culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87103		X	Blood fungus culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87106		X	Fungus identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87109		X	Mycoplasma culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87110		X	Culture, chlamydia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87116		X	Mycobacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87117		X	Mycobacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87118		X	Mycobacteria identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87140		X	Culture typing, fluorescent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87143		X	Culture typing, GLC method	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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3 \*Indicates RVUs are not used for Medicare payment.



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitioned Non-facility		Transitioned Facility		Non-facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
87145		X	Culture typing, phage method	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87147		X	Culture typing, serologic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87151		X	Culture typing, serologic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87155		X	Culture typing, precipitin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87158		X	Culture typing, added method	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87163		X	Special microbiology culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87164		X	Dark field examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87164	26	A	Dark field examination	0.37	0.11	0.19	0.19	0.14	0.20	0.01	0.49	0.57	0.57	0.52	0.52	0.58	0.58	0.58	XXX
87166		X	Dark field examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87174		X	Endotoxin, bacterial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87175		X	Assay, endotoxin, bacterial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87176		X	Endotoxin, bacterial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87177		X	Ova and parasites smears	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87181		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87184		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87186		X	Antibiotic sensitivity, MIC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87187		X	Antibiotic sensitivity, MBC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87188		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87190		X	TB antibiotic sensitivity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87192		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87197		X	Bactericidal level, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87205		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87206		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87207		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87207	26	A	Smear, stain & interpret	0.37	0.17	0.21	0.21	0.15	0.20	0.01	0.55	0.59	0.53	0.53	0.58	0.58	0.58	0.58	XXX
87208		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87210		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87211		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87220		X	Tissue exam for fungi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87230		X	Assay, toxin or antitoxin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87250		X	Virus inoculation for test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87252		X	Virus inoculation for test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87253		X	Virus inoculation for test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87260		X	Adenovirus ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87265		X	Pertussis ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87270		X	Chylmd trach ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87272		X	Cryptosporidium ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87274		X	Herpes simplex ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87276		X	Influenza ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87278		X	Legion pneumo ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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CPT / HCPCS <sup>2</sup>	Mod	Status	Description	physician work <sup>3</sup> RVUs	practice expense RVUs	practice income RVUs	net- practice income RVUs	non- facility Total	non- facility Total	Facility Total	Facility transmission Total	Global
87280	X		Resp syncytial ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87285	X		Trepon pallidum ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87290	X		Varicella ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87299	X		Ag detection nos, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87301	X		Adenovirus ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87320	X		Chylmd trach ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87324	X		Clostridium ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87328	X		Cryptospor ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87332	X		Cytomegalovirus ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87335	X		E coli O157 ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87340	X		Hepatitis b surface ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87350	X		Hepatitis b ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87380	X		Hepatitis delta ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87385	X		Histoplasma capsul ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87390	X		Hiv-1 ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87391	X		Hiv-2 ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87420	X		Resp syncytial ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87425	X		Rotavirus ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87430	X		Strep a ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87449	X		Ag detect nos, eia, mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87450	X		Ag detect nos, eia, single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87470	X		Bartonella, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87471	X		Bartonella, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87472	X		Bartonella, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87475	X		Lyme dis, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87476	X		Lyme dis, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87477	X		Lyme dis, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87480	X		Candida, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87481	X		Candida, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87482	X		Candida, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87485	X		Chyilm pneum, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87486	X		Chyilm pneum, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87487	X		Chyilm pneum, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87490	X		Chyilm trach, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87491	X		Chyilm trach, dna, amp probe	0.00	0.00	0.00	0.00					

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## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Facility		Facility		Transitioned Facility		Global
					expense RVUs	RVUs	expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	
87511	X		Gardner vag, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87512	X		Gardner vag, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87515	X		Hepatitis b, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87516	X		Hepatitis b, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87517	X		Hepatitis b, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87520	X		Hepatitis c, rna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87521	X		Hepatitis c, rna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87522	X		Hepatitis c, rna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87525	X		Hepatitis g, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87526	X		Hepatitis g, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87527	X		Hepatitis g, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87528	X		Hsv, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87529	X		Hsv, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87530	X		Hsv, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87531	X		Hhv-6, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87532	X		Hhv-6, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87533	X		Hhv-6, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87534	X		Hiv-1, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87535	X		Hiv-1, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87536	X		Hiv-1, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87537	X		Hiv-2, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87538	X		Hiv-2, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87539	X		Hiv-2, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87540	X		Legion pneumo, dna, dir prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87541	X		Legion pneumo, dna, amp prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87542	X		Legion pneumo, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87550	X		Mycobacteria, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87551	X		Mycobacteria, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87552	X		Mycobacteria, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87555	X		M.tuberculo, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87556	X		M.tuberculo, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87557	X		M.tuberculo, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87560	X		M.avium-intra, dna, dir prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87561	X		M.avium-intra, dna, amp prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87562	X		M.avium-intra, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87580	X		M.pneumon, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87581	X		M.pneumon, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87582	X		M.pneumon, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87590	X		N.gonorrhoeae, dna, dir prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87591	X		N.gonorrhoeae, dna, amp prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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1 CPT codes and descriptions only are copyright 1998 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

2 Copyright 1994 American Dental Association. All rights reserved.

3 \*Indicates RVUs are not used for Medicare payment.



# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitional Non-facility		Transitional Facility		Mal- practice		Non- facility		Transitional Facility		Transitional Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	
87592		X	N gonorrhoiae, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87620		X	Hpv, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87621		X	Hpv, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87622		X	Hpv, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87650		X	Strep a, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87651		X	Strep a, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87652		X	Strep a, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87797		X	Detect agent nos, dna, dir	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87798		X	Detect agent nos, dna, amp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87799		X	Detect agent nos, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87810		X	Chylmd trach assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87850		X	N. gonorrhoeae assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87880		X	Strep a assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87899		X	Agent nos assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87999		X	Microbiology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88000		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88005		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88007		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88012		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88014		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88016		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88020		N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88025		N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88027		N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88028		N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88029		N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88036		N	Limited autopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88037		N	Limited autopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88040		N	Forensic autopsy (necropsy)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88045		N	Coroner's autopsy (necropsy)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88099		N	Necropsy (autopsy) procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88104		A	Cytopathology, fluids	0.56	0.46	0.23	0.25	0.48	0.46	0.23	0.25	0.02	0.04	1.06	1.08	1.06	1.08	1.08	XXX
88104	26	A	Cytopathology, fluids	0.56	0.23	0.23	0.23	0.23	0.23	0.23	0.25	0.02	0.02	0.81	0.83	0.81	0.83	0.83	XXX
88104	TC	A	Cytopathology, fluids	0.00	0.23	0.23	0.23	0.23	0.23	0.23	0.25	0.02	0.02	0.25	0.25	0.25	0.25	0.25	XXX
88106		A	Cytopathology, fluids	0.56	0.43	0.41	0.41	0.41	0.43	0.43	0.41	0.03	1.02	1.02	1.00	1.02	1.00	1.00	XXX
88106	26	A	Cytopathology, fluids	0.56	0.24	0.23	0.23	0.24	0.24	0.23	0.01	0.81	0.81	0.81	0.80	0.81	0.80	0.80	XXX
88106	TC	A	Cytopathology, fluids	0.00	0.19	0.18	0.18	0.19	0.19	0.18	0.02	0.21	0.21	0.21	0.20	0.21	0.20	0.20	XXX
88107		A	Cytopathology, fluids	0.76	0.57	0.53	0.53	0.57	0.57	0.53	0.04	1.37	1.37	1.37	1.33	1.37	1.33	1.33	XXX
88107	26	A	Cytopathology, fluids	0.76	0.32	0.28	0.28	0.32	0.32	0.28	0.02	1.10	1.10	1.10	1.06	1.10	1.06	1.06	XXX
88107	TC	A	Cytopathology, fluids	0.00	0.25	0.25	0.25	0.25	0.25	0.25	0.02	0.27	0.27	0.27	0.27	0.27	0.27	0.27	XXX

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3 \*Indicates RVUs are not used for Medicare payment.



## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup>			Non- facility			Transitional Non-facility			Facility			Transitional Facility			Global																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
				RVUs	practice expense	RVUs	RVUs	practice expense	RVUs	practice expense	RVUs	practice expense	RVUs	practice expense	RVUs	practice expense																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
88108		A	Cytopath, concentrate tech	0.56	0.49	0.51	0.49	0.51	0.49	0.51	0.49	0.51	0.49	0.51	0.49	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitional Non-facility		Facility		Mal- practice		Transitional Non-facility		Facility		Transitional Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	
88171	TC	A	Fine needle aspiration	0.00	0.70	0.69	0.70	0.63	0.70	0.69	0.03	0.73	0.72	0.73	0.73	0.72	0.72	0.72	XXX
88172		A	Evaluation of smear	0.60	0.63	0.74	0.63	0.25	0.63	0.74	0.04	1.27	1.38	1.27	1.27	1.38	1.38	1.38	XXX
88172	26	A	Evaluation of smear	0.60	0.25	0.36	0.25	0.38	0.25	0.36	0.02	0.87	0.98	0.87	0.87	0.98	0.98	0.98	XXX
88172	TC	A	Evaluation of smear	0.00	0.38	0.38	0.38	1.03	0.38	0.97	0.04	2.46	2.40	0.40	2.46	2.40	2.40	2.40	XXX
88173		A	Interpretation of smear	1.39	1.03	0.97	1.03	0.58	0.97	1.39	0.02	1.99	1.92	1.99	1.92	1.99	1.92	1.92	XXX
88173	26	A	Interpretation of smear	1.39	0.58	0.51	0.58	0.45	0.51	0.46	0.02	0.47	0.48	0.47	0.48	0.47	0.48	0.48	XXX
88173	TC	A	Interpretation of smear	0.00	0.45	0.46	0.45	0.31	0.45	0.34	0.03	0.70	0.73	0.70	0.73	0.70	0.73	0.73	XXX
88180		A	Cell marker study	0.36	0.31	0.34	0.31	0.17	0.31	0.17	0.01	0.51	0.54	0.51	0.54	0.51	0.54	0.54	XXX
88180	26	A	Cell marker study	0.36	0.14	0.17	0.14	0.17	0.14	0.17	0.02	0.19	0.19	0.19	0.19	0.19	0.19	0.19	XXX
88180	TC	A	Cell marker study	0.00	0.17	0.17	0.17	0.80	0.17	0.93	0.05	1.62	1.75	1.62	1.75	1.62	1.75	1.75	XXX
88182		A	Cell marker study	0.77	0.80	0.93	0.80	0.32	0.80	0.45	0.02	1.11	1.24	1.11	1.24	1.11	1.24	1.24	XXX
88182	26	A	Cell marker study	0.77	0.32	0.45	0.32	0.48	0.32	0.45	0.03	0.51	0.51	0.51	0.51	0.51	0.51	0.51	XXX
88182	TC	A	Cell marker study	0.00	0.48	0.48	0.48	0.00	0.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88199		C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88199	26	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88199	TC	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88230		X	Tissue culture, lymphocyte	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88233		X	Tissue culture, skin/biopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88235		X	Tissue culture, placenta	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88237		X	Tissue culture, bone marrow	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88239		X	Tissue culture, tumor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88240		X	Cell cryopreserve/storage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88241		X	Frozen cell preparation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88245		X	Chromosome analysis, 20-25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88248		X	Chromosome analysis, 50-100	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88249		X	Chromosome analysis, 100	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88250		D	Chromosome analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88260		D	Chromosome analysis: 5 cells	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88261		X	Chromosome analysis, 5	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88262		X	Chromosome analysis, 15-20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88263		X	Chromosome analysis, 45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88264		X	Chromosome analysis, 20-25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88267		X	Chromosome analysis: placenta	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88269		X	Chromosome analysis: amniotic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88271		X	Cytogenetics, dna probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88272		X	Cytogenetics, 3-5	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88273		X	Cytogenetics, 10-30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88274		X	Cytogenetics, 25-99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88275		X	Cytogenetics, 100-300	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88280		X	Chromosome karyotype study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Mal- practice RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs		practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
88283		X	Chromosome banding study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88285		X	Chromosome count: additional	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88289		X	Chromosome study: additional	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88291		A	Cyto/molecular report	0.52	0.21	0.21	0.21	0.21	0.21	0.21	0.01	0.74	0.74	0.74	0.74	0.74	0.74	XXX
88299		C	Cytogenetic study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88300		A	Surg path, gross	0.08	0.14	0.14	0.20	0.14	0.20	0.01	0.01	0.23	0.23	0.29	0.23	0.29	0.29	XXX
88300	26	A	Surg path, gross	0.08	0.03	0.03	0.09	0.03	0.09	0.01	0.01	0.12	0.12	0.18	0.12	0.18	0.18	XXX
88300	TC	A	Surg path, gross	0.00	0.11	0.11	0.11	0.11	0.11	0.00	0.00	0.11	0.11	0.11	0.11	0.11	0.11	XXX
88302		A	Tissue exam by pathologist	0.13	0.30	0.30	0.40	0.30	0.40	0.04	0.04	0.47	0.47	0.57	0.47	0.57	0.57	XXX
88302	26	A	Tissue exam by pathologist	0.13	0.05	0.05	0.15	0.05	0.15	0.02	0.02	0.20	0.20	0.30	0.20	0.30	0.30	XXX
88302	TC	A	Tissue exam by pathologist	0.00	0.25	0.25	0.25	0.25	0.25	0.02	0.02	0.27	0.27	0.27	0.27	0.27	0.27	XXX
88304		A	Tissue exam by pathologist	0.22	0.45	0.45	0.58	0.45	0.58	0.04	0.04	0.71	0.71	0.84	0.71	0.84	0.84	XXX
88304	26	A	Tissue exam by pathologist	0.22	0.09	0.09	0.22	0.09	0.22	0.02	0.02	0.33	0.33	0.46	0.33	0.46	0.46	XXX
88304	TC	A	Tissue exam by pathologist	0.00	0.36	0.36	0.36	0.36	0.36	0.02	0.02	0.38	0.38	0.38	0.38	0.38	0.38	XXX
88305		A	Tissue exam by pathologist	0.75	0.87	0.87	1.06	0.87	1.06	0.06	0.06	1.68	1.68	1.87	1.68	1.87	1.87	XXX
88305	26	A	Tissue exam by pathologist	0.75	0.32	0.32	0.52	0.32	0.52	0.03	0.03	1.10	1.10	1.30	1.10	1.30	1.30	XXX
88305	TC	A	Tissue exam by pathologist	0.00	0.55	0.55	0.54	0.55	0.54	0.03	0.03	0.58	0.58	0.57	0.58	0.57	0.58	XXX
88307		A	Tissue exam by pathologist	1.59	1.47	1.47	1.60	1.47	1.60	0.10	0.10	3.16	3.16	3.29	3.16	3.29	3.29	XXX
88307	26	A	Tissue exam by pathologist	1.59	0.66	0.66	0.80	0.66	0.80	0.05	0.05	2.30	2.30	2.44	2.30	2.44	2.44	XXX
88307	TC	A	Tissue exam by pathologist	0.00	0.81	0.81	0.80	0.81	0.80	0.05	0.05	0.86	0.86	0.85	0.86	0.85	0.86	XXX
88309		A	Tissue exam by pathologist	2.28	1.95	1.95	2.05	1.95	2.05	0.10	0.10	4.33	4.33	4.43	4.33	4.43	4.43	XXX
88309	26	A	Tissue exam by pathologist	2.28	0.94	0.94	1.04	0.94	1.04	0.05	0.05	3.27	3.27	3.37	3.27	3.37	3.37	XXX
88309	TC	A	Tissue exam by pathologist	0.00	1.01	1.01	1.01	1.01	1.01	0.05	0.05	1.06	1.06	1.06	1.06	1.06	1.06	XXX
88311		A	Decalcify tissue	0.24	0.21	0.21	0.23	0.21	0.23	0.01	0.01	0.46	0.46	0.48	0.46	0.48	0.48	XXX
88311	26	A	Decalcify tissue	0.24	0.10	0.10	0.12	0.10	0.12	0.01	0.01	0.35	0.35	0.37	0.35	0.37	0.37	XXX
88311	TC	A	Decalcify tissue	0.00	0.11	0.11	0.11	0.11	0.11	0.00	0.00	0.11	0.11	0.11	0.11	0.11	0.11	XXX
88312		A	Special stains	0.54	0.36	0.36	0.30	0.36	0.30	0.01	0.01	0.91	0.91	0.85	0.91	0.85	0.85	XXX
88312	26	A	Special stains	0.54	0.23	0.23	0.17	0.23	0.17	0.01	0.01	0.78	0.78	0.72	0.78	0.72	0.72	XXX
88312	TC	A	Special stains	0.00	0.13	0.13	0.13	0.13	0.13	0.00	0.00	0.13	0.13	0.13	0.13	0.13	0.13	XXX
88313		A	Special stains	0.24	0.21	0.21	0.23	0.21	0.23	0.01	0.01	0.46	0.46	0.48	0.46	0.48	0.48	XXX
88313	26	A	Special stains	0.24	0.10	0.10	0.12	0.10	0.12	0.01	0.01	0.35	0.35	0.37	0.35	0.37	0.37	XXX
88313	TC	A	Special stains	0.00	0.11	0.11	0.11	0.11	0.11	0.00	0.00	0.11	0.11	0.11	0.11	0.11	0.11	XXX
88314		A	Histochemical stain	0.45	0.48	0.48	0.62	0.48	0.62	0.04	0.04	0.97	0.97	1.11	0.97	1.11	1.11	XXX
88314	26	A	Histochemical stain	0.45	0.19	0.19	0.33	0.19	0.33	0.02	0.02	0.66	0.66	0.80	0.66	0.80	0.80	XXX
88314	TC	A	Histochemical stain	0.00	0.29	0.29	0.29	0.29	0.29	0.02	0.02	0.31	0.31	0.31	0.31	0.31	0.31	XXX
88318		A	Chemical histochemistry	0.42	0.31	0.31	0.27	0.31	0.27	0.01	0.01	0.74	0.74	0.70	0.74	0.70	0.70	XXX
88318	26	A	Chemical histochemistry	0.42	0.18	0.18	0.14	0.18	0.14	0.01	0.01	0.61	0.61	0.57	0.61	0.57	0.57	XXX
88318	TC	A	Chemical histochemistry	0.00	0.13	0.13	0.13	0.13	0.13	0.00	0.00	0.13	0.13	0.13	0.13	0.13	0.13	XXX
88319		A	Enzyme histochemistry	0.53	0.47	0.47	0.52	0.47	0.52	0.04	0.04	1.04	1.04	1.09	1.04	1.09	1.09	XXX
88319	26	A	Enzyme histochemistry	0.53	0.22	0.22	0.27	0.22	0.27	0.02	0.02	0.77	0.77	0.82	0.77	0.82	0.82	XXX

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3 \*Indicates RVUs are not used for Medicare payment.



# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Facility		Facility		Global
					RVUs	expense	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	
88319	TC	A	Enzyme histochemistry	0.00	0.25	0.25	0.25	0.25	0.25	0.25	0.02	0.02	0.27	0.27	0.27	0.27	0.27	0.27	XXX
88321		A	Microslide consultation	1.30	0.95	0.57	0.57	0.54	0.47	0.82	0.02	0.02	2.27	2.27	1.89	1.86	1.86	1.79	XXX
88323		A	Microslide consultation	1.35	0.93	0.82	0.82	0.93	0.82	0.82	0.04	0.04	2.32	2.32	2.21	2.32	2.32	2.21	XXX
88323	26	A	Microslide consultation	1.35	0.57	0.46	0.46	0.57	0.46	0.46	0.02	0.02	1.94	1.94	1.83	1.94	1.94	1.83	XXX
88323	TC	A	Microslide consultation	0.00	0.36	0.36	0.36	0.36	0.36	0.36	0.02	0.02	0.38	0.38	0.38	0.38	0.38	0.38	XXX
88325		A	Comprehensive review of data	2.22	1.21	0.69	0.91	0.91	0.61	0.61	0.03	0.03	3.46	3.46	2.94	3.16	3.16	2.86	XXX
88329		A	Pathology consult in surgery	0.67	0.37	0.39	0.39	0.28	0.37	0.37	0.02	0.02	1.06	1.06	1.08	0.97	0.97	1.06	XXX
88331		A	Pathology consult in surgery	1.19	1.09	1.17	1.09	1.09	1.17	1.17	0.06	0.06	2.34	2.34	2.42	2.34	2.34	2.42	XXX
88331	26	A	Pathology consult in surgery	1.19	0.50	0.58	0.50	0.50	0.58	0.58	0.03	0.03	1.72	1.72	1.80	1.72	1.72	1.80	XXX
88331	TC	A	Pathology consult in surgery	0.00	0.59	0.59	0.59	0.59	0.59	0.59	0.03	0.03	0.62	0.62	0.62	0.62	0.62	0.62	XXX
88332		A	Pathology consult in surgery	0.59	0.54	0.59	0.54	0.54	0.59	0.59	0.04	0.04	1.17	1.17	1.22	1.17	1.17	1.22	XXX
88332	26	A	Pathology consult in surgery	0.59	0.25	0.30	0.25	0.25	0.30	0.30	0.02	0.02	0.86	0.86	0.91	0.86	0.86	0.91	XXX
88332	TC	A	Pathology consult in surgery	0.00	0.29	0.29	0.29	0.29	0.29	0.29	0.02	0.02	0.31	0.31	0.31	0.31	0.31	0.31	XXX
88342		A	Immunocytochemistry	0.85	0.69	0.70	0.69	0.69	0.70	0.70	0.04	0.04	1.58	1.58	1.59	1.58	1.58	1.59	XXX
88342	26	A	Immunocytochemistry	0.85	0.35	0.36	0.35	0.35	0.36	0.36	0.02	0.02	1.22	1.22	1.23	1.22	1.22	1.23	XXX
88342	TC	A	Immunocytochemistry	0.00	0.34	0.34	0.34	0.34	0.34	0.34	0.02	0.02	0.36	0.36	0.36	0.36	0.36	0.36	XXX
88346		A	Immunofluorescent study	0.86	0.64	0.63	0.64	0.64	0.63	0.63	0.04	0.04	1.54	1.54	1.53	1.54	1.54	1.53	XXX
88346	26	A	Immunofluorescent study	0.86	0.35	0.34	0.35	0.35	0.34	0.34	0.02	0.02	1.23	1.23	1.22	1.23	1.23	1.22	XXX
88346	TC	A	Immunofluorescent study	0.00	0.29	0.29	0.29	0.29	0.29	0.29	0.02	0.02	0.31	0.31	0.31	0.31	0.31	0.31	XXX
88347		A	Immunofluorescent study	0.86	0.63	0.50	0.63	0.63	0.50	0.50	0.04	0.04	1.53	1.53	1.40	1.53	1.53	1.40	XXX
88347	26	A	Immunofluorescent study	0.86	0.34	0.21	0.34	0.34	0.21	0.21	0.02	0.02	1.22	1.22	1.09	1.22	1.22	1.09	XXX
88347	TC	A	Immunofluorescent study	0.00	0.29	0.29	0.29	0.29	0.29	0.29	0.02	0.02	0.31	0.31	0.31	0.31	0.31	0.31	XXX
88348		A	Electron microscopy	1.51	1.81	2.30	1.81	1.81	2.30	2.30	0.12	0.12	3.44	3.44	3.93	3.44	3.44	3.93	XXX
88348	26	A	Electron microscopy	1.51	0.62	1.12	0.62	0.62	1.12	1.12	0.06	0.06	2.19	2.19	2.69	2.19	2.19	2.69	XXX
88348	TC	A	Electron microscopy	0.00	1.19	1.18	1.19	1.19	1.18	1.18	0.06	0.06	1.25	1.25	1.24	1.25	1.25	1.24	XXX
88349		A	Scanning electron microscopy	0.76	1.15	1.55	1.15	1.15	1.55	1.55	0.10	0.10	2.01	2.01	2.41	2.01	2.01	2.41	XXX
88349	26	A	Scanning electron microscopy	0.76	0.32	0.73	0.32	0.32	0.73	0.73	0.05	0.05	1.13	1.13	1.54	1.13	1.13	1.54	XXX
88349	TC	A	Scanning electron microscopy	0.00	0.83	0.82	0.83	0.83	0.82	0.82	0.05	0.05	0.88	0.88	0.87	0.88	0.88	0.87	XXX
88355		A	Analysis, skeletal muscle	1.85	1.62	1.82	1.62	1.62	1.82	1.82	0.10	0.10	3.57	3.57	3.77	3.57	3.57	3.77	XXX
88355	26	A	Analysis, skeletal muscle	1.85	0.73	0.93	0.73	0.73	0.93	0.93	0.05	0.05	2.63	2.63	2.83	2.63	2.63	2.83	XXX
88355	TC	A	Analysis, skeletal muscle	0.00	0.89	0.89	0.89	0.89	0.89	0.89	0.05	0.05	0.94	0.94	0.94	0.94	0.94	0.94	XXX
88356		A	Analysis, nerve	3.02	2.56	2.81	2.56	2.56	2.81	2.81	0.14	0.14	5.72	5.72	5.97	5.72	5.72	5.97	XXX
88356	26	A	Analysis, nerve	3.02	1.19	1.43	1.19	1.19	1.43	1.43	0.08	0.08	4.29	4.29	4.53	4.29	4.29	4.53	XXX
88356	TC	A	Analysis, nerve	0.00	1.37	1.38	1.37	1.37	1.38	1.38	0.06	0.06	1.43	1.43	1.44	1.43	1.43	1.44	XXX
88358		A	Analysis, tumor	2.82	2.43	2.50	2.43	2.43	2.50	2.50	0.12	0.12	5.37	5.37	5.44	5.37	5.37	5.44	XXX
88358	26	A	Analysis, tumor	2.82	1.17	1.24	1.17	1.17	1.24	1.24	0.06	0.06	4.05	4.05	4.12	4.05	4.05	4.12	XXX
88358	TC	A	Analysis, tumor	0.00	1.26	1.26	1.26	1.26	1.26	1.26	0.10	0.10	1.32	1.32	1.32	1.32	1.32	1.32	XXX
88362		A	Nerve teasing preparations	2.17	1.92	2.09	1.92	1.92	2.09	2.09	0.06	0.06	4.19	4.19	4.36	4.19	4.19	4.36	XXX
88362	26	A	Nerve teasing preparations	2.17	0.87	1.04	0.87	0.87	1.04	1.04	0.05	0.05	3.09	3.09	3.26	3.09	3.09	3.26	XXX
88362	TC	A	Nerve teasing preparations	0.00	1.05	1.05	1.05	1.05	1.05	1.05	0.05	0.05	1.10	1.10	1.10	1.10	1.10	1.10	XXX

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## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
88365		A	Tissue hybridization	0.93	0.78	0.80	0.80	0.78	0.80	0.80	0.80	0.78	0.04	0.04	1.75	1.77	1.75	1.77	1.75	1.77	1.77	1.77	XXX
88365	26	A	Tissue hybridization	0.93	0.38	0.40	0.40	0.38	0.40	0.40	0.40	0.38	0.02	0.02	1.33	1.35	1.33	1.35	1.33	1.35	1.35	1.35	XXX
88365	TC	A	Tissue hybridization	0.00	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.02	0.02	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	XXX
88371		X	Protein, western blot tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88371	26	A	Protein, western blot tissue	0.37	0.11	0.19	0.19	0.14	0.20	0.20	0.20	0.14	0.01	0.01	0.49	0.57	0.49	0.57	0.52	0.58	0.58	0.58	XXX
88372		X	Protein analysis w/probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88372	26	A	Protein analysis w/probe	0.37	0.14	0.20	0.20	0.15	0.20	0.20	0.20	0.15	0.01	0.01	0.52	0.58	0.52	0.58	0.53	0.58	0.58	0.58	XXX
88399		C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88399	26	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88399	TC	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89050		X	Body fluid cell count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89051		X	Body fluid cell count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89060		X	Exam, synovial fluid crystals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89060	26	A	Exam, synovial fluid crystals	0.37	0.17	0.21	0.21	0.15	0.20	0.20	0.20	0.15	0.01	0.01	0.55	0.59	0.55	0.59	0.53	0.58	0.58	0.58	XXX
89100		A	Sample intestinal contents	0.60	0.97	0.59	0.59	0.28	0.42	0.42	0.42	0.28	0.02	0.02	1.59	1.21	1.59	1.21	0.90	1.04	1.04	1.04	XXX
89105		A	Sample intestinal contents	0.50	2.79	1.01	1.01	0.23	0.37	0.37	0.37	0.23	0.02	0.02	3.31	1.53	3.31	1.53	0.75	0.89	0.89	0.89	XXX
89125		X	Specimen fat stain	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89130		A	Sample stomach contents	0.45	1.37	0.67	0.67	0.25	0.39	0.39	0.39	0.25	0.02	0.02	1.84	1.14	1.84	1.14	0.72	0.86	0.86	0.86	XXX
89132		A	Sample stomach contents	0.19	1.43	0.52	0.52	0.12	0.19	0.19	0.19	0.12	0.02	0.02	1.64	0.73	1.64	0.73	0.33	0.40	0.40	0.40	XXX
89135		A	Sample stomach contents	0.79	0.80	0.67	0.67	0.31	0.55	0.55	0.55	0.31	0.03	0.03	1.62	1.49	1.62	1.49	1.13	1.37	1.37	1.37	XXX
89136		A	Sample stomach contents	0.21	1.51	0.56	0.56	0.15	0.22	0.22	0.22	0.15	0.02	0.02	1.74	0.79	1.74	0.79	0.38	0.45	0.45	0.45	XXX
89140		A	Sample stomach contents	0.94	1.32	0.99	0.99	0.37	0.75	0.75	0.75	0.37	0.05	0.05	2.31	1.98	2.31	1.98	1.36	1.74	1.74	1.74	XXX
89141		A	Sample stomach contents	0.85	1.78	1.04	1.04	0.35	0.68	0.68	0.68	0.35	0.05	0.05	2.68	1.94	2.68	1.94	1.25	1.58	1.58	1.58	XXX
89160		X	Exam feces for meat fibers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89190		X	Nasal smear for eosinophils	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89250		X	Fertilization of oocyte	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89251		X	Culture oocyte w/embryos	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89252		X	Assist oocyte fertilization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89253		X	Embryo hatching	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89254		X	Oocyte identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89255		X	Prepare embryo for transfer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89256		X	Prepare cryopreserved embryo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89257		X	Sperm identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89258		X	Cryopreservation, embryo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89259		X	Cryopreservation, sperm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89260		X	Sperm isolation, simple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89261		X	Sperm isolation, complex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89264		X	Sperm tissue identify	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89300		X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89310		X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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3 \*Indicates RVUs are not used for Medicare payment.



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Non- facility		Transitioned Facility		Non- facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
89320		X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89325		X	Sperm antibody test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89329		X	Sperm evaluation test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89330		X	Evaluation, cervical mucus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89350		A	Sputum specimen collection	0.00	0.43	0.42	0.42	0.43	0.42	0.42	0.45	0.44	0.44	0.45	0.44	0.44	0.44	0.44	XXX
89355		X	Exam feces for starch	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89360		A	Collect sweat for test	0.00	0.46	0.47	0.47	0.46	0.47	0.47	0.48	0.49	0.49	0.48	0.49	0.49	0.49	0.49	XXX
89365		X	Water load test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89399		C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89399	26	C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89399	TC	C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90281		I	Human ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90283		I	Human ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90287		I	Botulinum antitoxin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90288		I	Botulism ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90291		I	Cmv ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90296		E	Diphtheria antitoxin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90371		X	Hepb ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90375		E	Rabies ig, im/sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90376		E	Rabies ig, heat treated	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90379		E	Rsv ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90384		I	Rh ig, full-dose, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90385		E	Rh ig, minidose, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90386		I	Rh ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90389		E	Tetanus ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90393		E	Vaccina ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90396		E	Varicella-zoster ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90399		I	Immune globulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90471		E	Immunization admin, single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90472		E	Immunization admin, 2+	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90476		E	Adenovirus vaccine, type 4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90477		E	Adenovirus vaccine, type 7	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90581		E	Anthrax vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90585		E	Bcg vaccine, percut	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90586		E	Bcg vaccine, intravesical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90592		E	Cholera vaccine, oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90632		E	Hepa vaccine adult im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90633		E	Hepa vaccine ped/adol-2 dose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90634		E	Hepa vaccine ped/adol-3 dose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90636		E	Hepa/hepb vaccine adult im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global					
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	Total	Non- facility	Total	Non- facility	Total	practice RVUs		expense RVUs	Total	practice RVUs	expense RVUs	Total
90726		D	Rabies immunization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX				
90727		E	Plague vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX				
90728		D	BCG immunization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX				
90730		D	Hepatitis A vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX				
90732		X	Pneumococcal vaccine, adult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX				
90733		E	Meningococcal vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX				
90735		E	Encephalitis vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX				
90737		D	Influenza B immunization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX				
90741		D	Passive immunization, ISG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX				
90742		D	Special passive immunization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX				
90744		X	Hepb vaccine, ped/adol, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX				
90745		X	Hepb vaccine, adol/risk, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX				
90746		X	Hepb vaccine, adult, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX				
90747		X	Hepb vaccine, ill pat, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX				
90748		E	Hepb/hib vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX				
90749		E	Vaccine toxoid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX				
90780		A	IV infusion therapy, 1 hour	0.00	1.16	1.15	0.58	0.58	1.16	1.15	0.58	0.58	1.16	1.15	0.58	0.58	1.16	1.15	0.58	0.58	1.16	1.21	XXX			
90781		A	IV infusion, additional hour	0.00	0.58	0.58	0.11	0.11	0.58	0.58	0.11	0.11	0.58	0.58	0.11	0.11	0.58	0.58	0.11	0.11	0.58	0.61	ZZZ			
90782		T	Injection (SC)/(IM)	0.00	0.11	0.11	0.42	0.42	0.11	0.11	0.42	0.42	0.11	0.11	0.42	0.42	0.11	0.11	0.42	0.42	0.11	0.12	XXX			
90783		T	Injection (IA)	0.00	0.43	0.42	0.49	0.49	0.43	0.43	0.49	0.49	0.43	0.43	0.49	0.49	0.43	0.43	0.49	0.49	0.43	0.44	XXX			
90784		T	Injection (IV)	0.00	0.12	0.12	0.49	0.49	0.12	0.12	0.49	0.49	0.12	0.12	0.49	0.49	0.12	0.12	0.49	0.49	0.12	0.52	XXX			
90788		T	Injection of antibiotic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.13	XXX			
90799		C	Therapeutic/diag injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.13	XXX			
90801		A	Psy dx interview	2.80	1.05	0.81	0.81	0.81	1.03	0.81	0.81	0.81	1.03	0.81	0.81	0.81	1.03	0.81	0.81	0.81	0.81	3.68	XXX			
90802		A	Intac psy dx interview	3.01	1.17	0.60	0.60	0.60	1.12	0.59	0.60	0.59	1.12	0.59	0.60	0.59	1.12	0.59	0.60	0.59	0.60	3.64	XXX			
90804		A	Psytx, office (20-30)	1.21	0.50	0.41	0.41	0.41	0.45	0.40	0.41	0.40	0.45	0.40	0.41	0.40	0.45	0.40	0.41	0.40	0.41	1.65	XXX			
90805		A	Psytx, office (20-30) w/e&m	1.37	0.51	0.41	0.41	0.41	0.51	0.41	0.41	0.41	0.51	0.41	0.41	0.41	0.51	0.41	0.41	0.41	0.41	1.82	XXX			
90806		A	Psytx, office (45-50)	1.86	0.75	0.63	0.63	0.63	0.70	0.62	0.63	0.62	0.70	0.62	0.63	0.62	0.70	0.62	0.63	0.62	0.63	2.54	XXX			
90807		A	Psytx, office (45-50) w/e&m	2.02	0.70	0.62	0.62	0.62	0.73	0.63	0.62	0.63	0.73	0.63	0.62	0.63	0.73	0.63	0.62	0.63	0.62	2.71	XXX			
90808		A	Psytx, office (75-80)	2.79	1.09	1.13	1.13	1.13	0.99	1.10	1.13	0.99	1.10	1.13	1.10	1.13	0.99	1.10	1.13	0.99	1.10	4.01	XXX			
90809		A	Psytx, office (75-80) w/e&m	2.95	1.01	1.11	1.11	1.11	1.03	1.11	1.11	1.03	1.11	1.03	1.11	1.11	1.03	1.11	1.03	1.11	1.03	4.18	XXX			
90810		A	Intac psytx, office (20-30)	1.32	0.53	0.61	0.61	0.61	0.50	0.61	0.61	0.50	0.61	0.61	0.61	0.50	0.61	0.61	0.61	0.61	0.61	2.00	XXX			
90811		A	Intac psytx, off 20-30 w/e&m	1.48	0.54	0.62	0.62	0.62	0.52	0.61	0.62	0.52	0.61	0.62	0.61	0.62	0.52	0.61	0.62	0.61	0.62	2.16	XXX			
90812		A	Intac psytx, office (45-50)	1.97	0.83	0.69	0.69	0.69	0.71	0.66	0.69	0.71	0.66	0.69	0.66	0.71	0.66	0.69	0.66	0.69	0.66	2.70	XXX			
90813		A	Intac psytx, off 45-50 w/e&m	2.13	0.74	0.67	0.67	0.67	0.73	0.66	0.67	0.73	0.66	0.67	0.66	0.73	0.66	0.67	0.66	0.67	0.66	2.86	XXX			
90814		A	Intac psytx, office (75-80)	2.90	1.17	0.77	0.77	0.77	1.14	0.77	0.77	1.14	0.77	0.77	0.77	1.14	0.77	0.77	0.77	0.77	0.77	3.74	XXX			
90815		A	Intac psytx, off 75-80 w/e&m	3.06	1.08	0.75	0.75	0.75	1.11	0.75	0.75	1.11	0.75	0.75	0.75	1.11	0.75	0.75	0.75	0.75	0.75	3.89	XXX			
90816		A	Psytx, hosp (20-30)	1.25	0.56	0.43	0.43	0.43	0.52	0.42	0.43	0.42	0.52	0.42	0.43	0.42	0.52	0.42	0.43	0.42	0.43	1.71	XXX			
90817		A	Psytx, hosp (20-30) w/e&m	1.41	0.54	0.42	0.42	0.42	0.51	0.41	0.42	0.51	0.41	0.42	0.41	0.42	0.51	0.41	0.42	0.41	0.42	1.86	XXX			
90818		A	Psytx, hosp (45-50)	1.89	0.79	0.64	0.64	0.64	0.73	0.63	0.64	0.73	0.63	0.64	0.63	0.73	0.63	0.64	0.63	0.64	0.63	2.58	XXX			

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility			Transitioned Non-facility			Transitioned Facility			Transitioned Non- facility			Transitioned Facility			Global
					practice RVUs	expense RVUs	Non- facility RVUs	practice RVUs	expense RVUs	Facility RVUs	practice RVUs	expense RVUs	Non- facility RVUs	practice RVUs	expense RVUs	Facility Total	Non- facility Total	Facility Total		
90947		A	Dialysis, repeated eval.	2.16	NA	NA	NA	0.90	1.93	0.11	NA	NA	NA	3.17	4.20	0.00	0.00	0.00	000	
90989		X	Dialysis training/complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
90993		X	Dialysis training/incomplete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
90997		A	Hemoperfusion	1.84	NA	NA	NA	0.85	1.86	0.13	NA	NA	NA	2.82	3.83	0.00	0.00	0.00	XXX	
90999		C	Dialysis procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
91000		A	Esophageal intubation	0.73	0.33	0.62	0.62	0.33	0.62	0.05	1.11	1.40	1.11	1.40	1.40	1.40	0.00	0.00	000	
91000	26	A	Esophageal intubation	0.73	0.25	0.54	0.54	0.25	0.54	0.04	1.02	1.31	1.02	1.31	1.02	1.31	0.00	0.00	000	
91000	TC	A	Esophageal intubation	0.00	0.08	0.08	0.08	0.08	0.08	0.01	0.09	0.09	0.09	0.09	0.09	0.09	0.00	0.00	000	
91010		A	Esophagus motility study	1.25	1.27	2.08	2.08	1.27	2.08	0.14	2.66	3.47	2.66	3.47	2.66	3.47	0.00	0.00	000	
91010	26	A	Esophagus motility study	1.25	0.42	1.23	1.23	0.42	1.23	0.09	1.76	2.57	1.76	2.57	1.76	2.57	0.00	0.00	000	
91010	TC	A	Esophagus motility study	0.00	0.85	0.85	0.85	0.85	0.85	0.05	0.90	0.90	0.90	0.90	0.90	0.90	0.00	0.00	000	
91011		A	Esophagus motility study	1.50	1.58	2.53	2.53	1.58	2.53	0.14	3.22	4.17	3.22	4.17	3.22	4.17	0.00	0.00	000	
91011	26	A	Esophagus motility study	1.50	0.52	1.47	1.47	0.52	1.47	0.09	2.11	3.06	2.11	3.06	2.11	3.06	0.00	0.00	000	
91011	TC	A	Esophagus motility study	0.00	1.06	1.06	1.06	1.06	1.06	0.05	1.11	1.11	1.11	1.11	1.11	1.11	0.00	0.00	000	
91012		A	Esophagus motility study	1.46	1.71	2.63	2.63	1.71	2.63	0.18	3.35	4.27	3.35	4.27	3.35	4.27	0.00	0.00	000	
91012	26	A	Esophagus motility study	1.46	0.51	1.44	1.44	0.51	1.44	0.12	2.09	3.02	2.09	3.02	2.09	3.02	0.00	0.00	000	
91012	TC	A	Esophagus motility study	0.00	1.20	1.19	1.19	1.20	1.19	0.06	1.26	1.25	1.26	1.25	1.26	1.25	0.00	0.00	000	
91020		A	Gastric motility	1.44	1.28	2.19	2.19	1.28	2.19	0.14	2.86	3.77	2.86	3.77	2.86	3.77	0.00	0.00	000	
91020	26	A	Gastric motility	1.44	0.48	1.40	1.40	0.48	1.40	0.09	2.01	2.93	2.01	2.93	2.01	2.93	0.00	0.00	000	
91020	TC	A	Gastric motility	0.00	0.80	0.79	0.79	0.80	0.79	0.05	0.85	0.84	0.85	0.84	0.85	0.84	0.00	0.00	000	
91030		A	Acid perfusion of esophagus	0.91	0.54	0.59	0.59	0.54	0.59	0.04	1.49	1.54	1.49	1.54	1.49	1.54	0.00	0.00	000	
91030	26	A	Acid perfusion of esophagus	0.91	0.31	0.36	0.36	0.31	0.36	0.02	1.24	1.29	1.24	1.29	1.24	1.29	0.00	0.00	000	
91030	TC	A	Acid perfusion of esophagus	0.00	0.23	0.23	0.23	0.23	0.23	0.02	0.25	0.25	0.25	0.25	0.25	0.25	0.00	0.00	000	
91032		A	Esophagus, acid reflux test	1.21	1.17	1.89	1.89	1.17	1.89	0.13	2.51	3.23	2.51	3.23	2.51	3.23	0.00	0.00	000	
91032	26	A	Esophagus, acid reflux test	1.21	0.41	1.12	1.12	0.41	1.12	0.08	1.70	2.41	1.70	2.41	1.70	2.41	0.00	0.00	000	
91032	TC	A	Esophagus, acid reflux test	0.00	0.76	0.77	0.77	0.76	0.77	0.05	0.81	0.82	0.81	0.82	0.81	0.82	0.00	0.00	000	
91033		A	Prolonged acid reflux test	1.30	1.83	2.66	2.66	1.83	2.66	0.20	3.33	4.16	3.33	4.16	3.33	4.16	0.00	0.00	000	
91033	26	A	Prolonged acid reflux test	1.30	0.44	1.27	1.27	0.44	1.27	0.11	1.85	2.68	1.85	2.68	1.85	2.68	0.00	0.00	000	
91033	TC	A	Prolonged acid reflux test	0.00	1.39	1.39	1.39	1.39	1.39	0.09	1.48	1.48	1.48	1.48	1.48	1.48	0.00	0.00	000	
91052		A	Gastric analysis test	0.79	0.62	0.82	0.82	0.62	0.82	0.05	1.46	1.66	1.46	1.66	1.46	1.66	0.00	0.00	000	
91052	26	A	Gastric analysis test	0.79	0.27	0.47	0.47	0.27	0.47	0.03	1.09	1.29	1.09	1.29	1.09	1.29	0.00	0.00	000	
91052	TC	A	Gastric analysis test	0.00	0.35	0.35	0.35	0.35	0.35	0.02	0.37	0.37	0.37	0.37	0.37	0.37	0.00	0.00	000	
91055		A	Gastric intubation for smear	0.94	0.59	0.79	0.79	0.59	0.79	0.05	1.58	1.78	1.58	1.78	1.58	1.78	0.00	0.00	000	
91055	26	A	Gastric intubation for smear	0.94	0.27	0.48	0.48	0.27	0.48	0.03	1.24	1.45	1.24	1.45	1.24	1.45	0.00	0.00	000	
91055	TC	A	Gastric intubation for smear	0.00	0.32	0.31	0.31	0.32	0.31	0.02	0.34	0.33	0.34	0.33	0.34	0.33	0.00	0.00	000	
91060		A	Gastric saline load test	0.45	0.36	0.67	0.67	0.36	0.67	0.05	0.86	1.17	0.86	1.17	0.86	1.17	0.00	0.00	000	
91060	26	A	Gastric saline load test	0.45	0.13	0.44	0.44	0.13	0.44	0.03	0.61	0.92	0.61	0.92	0.61	0.92	0.00	0.00	000	
91060	TC	A	Gastric saline load test	0.00	0.23	0.23	0.23	0.23	0.23	0.02	0.25	0.25	0.25	0.25	0.25	0.25	0.00	0.00	000	
91065		A	Breath hydrogen test	0.20	0.44	0.57	0.57	0.44	0.57	0.04	0.68	0.81	0.68	0.81	0.68	0.81	0.00	0.00	000	
91065	26	A	Breath hydrogen test	0.20	0.07	0.20	0.20	0.07	0.20	0.02	0.29	0.42	0.29	0.42	0.29	0.42	0.00	0.00	000	

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitioned		Facility		Transitioned		Facility		Transitioned		Global
					practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Mal- practice RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Non-facility practice expense RVUs	Non-facility practice expense RVUs	
91065	TC	A	Breath hydrogen test	0.00	0.37	0.37	0.37	0.37	0.37	0.02	0.39	0.39	0.39	0.39	0.00	0.00	0.00
91100		A	Pass intestine bleeding tube	1.08	NA	NA	NA	0.34	0.54	0.04	NA	NA	1.46	1.66	0.00	0.00	0.00
91105		A	Gastric intubation treatment	0.37	NA	NA	NA	0.13	0.36	0.03	NA	NA	0.53	0.76	0.00	0.00	0.00
91122		A	Anal pressure record	1.77	1.35	1.75	1.35	1.35	1.75	0.17	3.29	3.69	3.29	3.69	0.00	0.00	0.00
91122	26	A	Anal pressure record	1.77	0.62	1.02	0.62	0.73	1.02	0.10	2.49	2.89	2.49	2.89	0.00	0.00	0.00
91122	TC	A	Anal pressure record	0.00	0.73	0.73	0.73	0.73	0.73	0.07	0.80	0.80	0.80	0.80	0.00	0.00	0.00
91299		C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
91299	26	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
91299	TC	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
92002		A	Eye exam, new patient	0.88	1.02	0.65	1.02	0.34	0.29	0.02	1.92	1.55	1.24	1.19	0.00	0.00	0.00
92004		A	Eye exam, new patient	1.67	1.61	0.87	1.61	0.68	0.40	0.02	3.30	2.56	2.37	2.09	0.00	0.00	0.00
92012		A	Eye exam established pt	0.67	1.38	0.71	1.38	0.30	0.26	0.02	2.07	1.40	0.99	0.95	0.00	0.00	0.00
92014		A	Eye exam & treatment	1.10	1.28	0.76	1.28	0.49	0.35	0.02	2.40	1.88	1.61	1.47	0.00	0.00	0.00
92015		N	Refraction	+0.38	1.23	0.57	1.23	0.30	0.30	0.02	1.63	0.97	0.54	0.70	0.00	0.00	0.00
92018		A	New eye exam & treatment	1.51	NA	NA	NA	1.11	0.66	0.02	NA	NA	2.64	2.19	0.00	0.00	0.00
92019		A	Eye exam & treatment	1.31	NA	NA	NA	0.86	0.41	0.02	NA	NA	2.19	1.74	0.00	0.00	0.00
92020		A	Special eye evaluation	0.37	0.54	0.37	0.54	0.18	0.17	0.01	0.92	0.75	0.56	0.55	0.00	0.00	0.00
92060		A	Special eye evaluation	0.69	0.50	0.45	0.50	0.50	0.45	0.02	1.21	1.16	1.21	1.16	0.00	0.00	0.00
92060	26	A	Special eye evaluation	0.69	0.30	0.25	0.30	0.30	0.25	0.01	1.00	0.95	1.00	0.95	0.00	0.00	0.00
92060	TC	A	Special eye evaluation	0.00	0.20	0.20	0.20	0.20	0.20	0.01	0.21	0.21	0.21	0.21	0.00	0.00	0.00
92065		A	Orthoptic/pleoptic training	0.37	0.36	0.38	0.36	0.36	0.38	0.01	0.74	0.76	0.74	0.76	0.00	0.00	0.00
92065	26	A	Orthoptic/pleoptic training	0.37	0.19	0.21	0.19	0.19	0.21	0.01	0.57	0.59	0.57	0.59	0.00	0.00	0.00
92065	TC	A	Orthoptic/pleoptic training	0.00	0.17	0.17	0.17	0.17	0.17	0.00	0.17	0.17	0.17	0.17	0.00	0.00	0.00
92070		A	Fitting of contact lens	0.70	0.90	1.20	0.90	0.35	0.58	0.05	1.65	1.95	1.10	1.33	0.00	0.00	0.00
92081		A	Visual field examination(s)	0.36	0.32	0.34	0.32	0.32	0.34	0.01	0.69	0.71	0.69	0.71	0.00	0.00	0.00
92081	26	A	Visual field examination(s)	0.36	0.17	0.18	0.17	0.17	0.18	0.01	0.54	0.55	0.54	0.55	0.00	0.00	0.00
92081	TC	A	Visual field examination(s)	0.00	0.15	0.16	0.15	0.15	0.16	0.00	0.15	0.16	0.15	0.16	0.00	0.00	0.00
92082		A	Visual field examination(s)	0.44	0.42	0.51	0.42	0.42	0.51	0.02	0.88	0.97	0.88	0.97	0.00	0.00	0.00
92082	26	A	Visual field examination(s)	0.44	0.21	0.30	0.21	0.21	0.30	0.01	0.66	0.75	0.66	0.75	0.00	0.00	0.00
92082	TC	A	Visual field examination(s)	0.00	0.21	0.21	0.21	0.21	0.21	0.01	0.22	0.22	0.22	0.22	0.00	0.00	0.00
92083		A	Visual field examination(s)	0.50	0.56	0.81	0.56	0.56	0.81	0.03	1.09	1.34	1.09	1.34	0.00	0.00	0.00
92083	26	A	Visual field examination(s)	0.50	0.25	0.51	0.25	0.25	0.51	0.02	0.77	1.03	0.77	1.03	0.00	0.00	0.00
92083	TC	A	Visual field examination(s)	0.00	0.31	0.30	0.31	0.31	0.30	0.01	0.32	0.31	0.32	0.31	0.00	0.00	0.00
92100		A	Serial tonometry exam(s)	0.92	0.71	0.38	0.71	0.33	0.19	0.01	1.64	1.31	1.26	1.12	0.00	0.00	0.00
92120		A	Tonography & eye evaluation	0.81	0.71	0.43	0.71	0.35	0.22	0.02	1.54	1.26	1.18	1.05	0.00	0.00	0.00
92130		A	Water provocation tonography	0.81	0.81	0.60	0.81	0.41	0.31	0.02	1.64	1.43	1.24	1.14	0.00	0.00	0.00
92135		A	Ophthalmic dx imaging	0.35	0.49	0.49	0.49	0.49	0.49	0.03	0.87	0.87	0.87	0.87	0.00	0.00	0.00
92135	26	A	Ophthalmic dx imaging	0.35	0.18	0.18	0.18	0.18	0.18	0.02	0.55	0.55	0.55	0.55	0.00	0.00	0.00
92135	TC	A	Ophthalmic dx imaging	0.00	0.31	0.31	0.31	0.31	0.31	0.01	0.32	0.32	0.32	0.32	0.00	0.00	0.00
92140		A	Glaucoma provocative tests	0.50	0.81	0.45	0.81	0.24	0.19	0.01	1.32	0.96	0.75	0.70	0.00	0.00	0.00

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Non-facility		Transitioned Facility		Global	
					practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs	practice expense RVUs				
					Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total				
92225		A	Special eye exam, initial	0.38	1.12	0.65	0.15	0.23	0.02	0.02	1.52	1.05	0.55	0.63	0.63	0.63	0.63	0.63	0.63	XXX
92226		A	Special eye exam, subsequent	0.33	1.17	0.62	0.15	0.20	0.02	0.02	1.52	0.97	0.50	0.55	0.55	0.55	0.55	0.55	0.55	XXX
92230		A	Eye exam with photos	0.60	2.10	1.09	0.22	0.34	0.03	0.03	2.73	1.72	0.85	0.97	0.97	0.97	0.97	0.97	0.97	XXX
92235		A	Eye exam with photos	0.81	1.47	1.65	1.47	1.65	0.07	0.07	2.35	2.53	2.35	2.53	2.53	2.53	2.53	2.53	2.53	XXX
92235	26	A	Eye exam with photos	0.81	0.40	0.58	0.40	0.58	0.02	0.02	1.23	1.41	1.23	1.41	1.23	1.41	1.23	1.41	1.23	XXX
92235	TC	A	Eye exam with photos	0.00	1.07	1.07	1.07	1.07	0.05	0.05	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	XXX
92240		A	log angiography	1.10	1.62	1.69	1.62	1.69	0.07	0.07	2.79	2.86	2.79	2.86	2.79	2.86	2.79	2.86	2.79	XXX
92240	26	A	log angiography	1.10	0.55	0.62	0.55	0.62	0.02	0.02	1.67	1.74	1.67	1.74	1.67	1.74	1.67	1.74	1.67	XXX
92240	TC	A	log angiography	0.00	1.07	1.07	1.07	1.07	0.05	0.05	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	XXX
92250		A	Eye exam with photos	0.44	0.41	0.44	0.41	0.44	0.02	0.02	0.87	0.90	0.87	0.90	0.87	0.90	0.87	0.90	0.87	XXX
92250	26	A	Eye exam with photos	0.44	0.22	0.26	0.22	0.26	0.01	0.01	0.67	0.71	0.67	0.71	0.67	0.71	0.67	0.71	0.67	XXX
92250	TC	A	Eye exam with photos	0.00	0.19	0.18	0.19	0.18	0.01	0.01	0.20	0.19	0.20	0.19	0.20	0.19	0.20	0.19	0.20	XXX
92260		A	Ophthalmoscopy/dynamometry	0.20	0.19	0.49	0.08	0.25	0.02	0.02	0.41	0.71	0.30	0.47	0.30	0.47	0.30	0.47	0.30	XXX
92265		A	Eye muscle evaluation	0.81	0.49	0.36	0.49	0.36	0.02	0.02	1.32	1.19	1.32	1.19	1.32	1.19	1.32	1.19	1.32	XXX
92265	26	A	Eye muscle evaluation	0.81	0.25	0.12	0.25	0.12	0.00	0.00	1.06	0.93	1.06	0.93	1.06	0.93	1.06	0.93	1.06	XXX
92265	TC	A	Eye muscle evaluation	0.00	0.24	0.24	0.24	0.24	0.02	0.02	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	XXX
92270		A	Electro-oculography	0.81	0.65	0.71	0.65	0.71	0.04	0.04	1.50	1.56	1.50	1.56	1.50	1.56	1.50	1.56	1.50	XXX
92270	26	A	Electro-oculography	0.81	0.32	0.38	0.32	0.38	0.02	0.02	1.15	1.21	1.15	1.21	1.15	1.21	1.15	1.21	1.15	XXX
92270	TC	A	Electro-oculography	0.00	0.33	0.33	0.33	0.33	0.02	0.02	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	XXX
92275		A	Electroretinography	1.01	0.86	0.94	0.86	0.94	0.04	0.04	1.91	1.99	1.91	1.99	1.91	1.99	1.91	1.99	1.91	XXX
92275	26	A	Electroretinography	1.01	0.43	0.52	0.43	0.52	0.02	0.02	1.46	1.55	1.46	1.55	1.46	1.55	1.46	1.55	1.46	XXX
92275	TC	A	Electroretinography	0.00	0.43	0.42	0.43	0.42	0.02	0.02	0.45	0.44	0.45	0.44	0.45	0.44	0.45	0.44	0.45	XXX
92283		A	Color vision examination	0.17	0.20	0.28	0.20	0.28	0.01	0.01	0.38	0.46	0.38	0.46	0.38	0.46	0.38	0.46	0.38	XXX
92283	26	A	Color vision examination	0.17	0.07	0.15	0.07	0.15	0.01	0.01	0.25	0.33	0.25	0.33	0.25	0.33	0.25	0.33	0.25	XXX
92283	TC	A	Color vision examination	0.00	0.13	0.13	0.13	0.13	0.00	0.00	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	XXX
92284		A	Dark adaptation eye exam	0.24	0.26	0.42	0.26	0.42	0.02	0.02	0.52	0.68	0.52	0.68	0.52	0.68	0.52	0.68	0.52	XXX
92284	26	A	Dark adaptation eye exam	0.24	0.07	0.24	0.07	0.24	0.01	0.01	0.32	0.49	0.32	0.49	0.32	0.49	0.32	0.49	0.32	XXX
92284	TC	A	Dark adaptation eye exam	0.00	0.19	0.18	0.19	0.18	0.01	0.01	0.20	0.19	0.20	0.19	0.20	0.19	0.20	0.19	0.20	XXX
92285		A	Eye photography	0.20	0.21	0.29	0.21	0.29	0.01	0.01	0.42	0.50	0.42	0.50	0.42	0.50	0.42	0.50	0.42	XXX
92285	26	A	Eye photography	0.20	0.09	0.17	0.09	0.17	0.01	0.01	0.30	0.38	0.30	0.38	0.30	0.38	0.30	0.38	0.30	XXX
92285	TC	A	Eye photography	0.00	0.12	0.12	0.12	0.12	0.00	0.00	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	XXX
92286		A	Internal eye photography	0.66	0.74	1.17	0.74	1.17	0.06	0.06	1.46	1.89	1.46	1.89	1.46	1.89	1.46	1.89	1.46	XXX
92286	26	A	Internal eye photography	0.66	0.31	0.75	0.31	0.75	0.04	0.04	1.01	1.45	1.01	1.45	1.01	1.45	1.01	1.45	1.01	XXX
92286	TC	A	Internal eye photography	0.00	0.43	0.42	0.43	0.42	0.02	0.02	0.45	0.44	0.45	0.44	0.45	0.44	0.45	0.44	0.45	XXX
92287		A	Internal eye photography	0.81	3.03	2.00	0.32	0.70	0.06	0.06	3.90	2.87	3.90	2.87	3.90	2.87	3.90	2.87	3.90	XXX
92310		N	Contact lens fitting	+1.17	0.86	1.27	0.44	1.16	0.00	0.00	2.03	2.44	2.03	2.44	2.03	2.44	2.03	2.44	2.03	XXX
92311		A	Contact lens fitting	1.08	0.95	0.97	0.40	0.47	0.02	0.02	2.05	2.07	2.05	2.07	2.05	2.07	2.05	2.07	2.05	XXX
92312		A	Contact lens fitting	1.26	0.93	1.18	0.58	0.62	0.02	0.02	2.21	2.46	2.21	2.46	2.21	2.46	2.21	2.46	2.21	XXX
92313		A	Contact lens fitting	0.92	0.85	0.93	0.27	0.43	0.02	0.02	1.79	1.87	1.79	1.87	1.79	1.87	1.79	1.87	1.79	XXX
92314		N	Prescription of contact lens	+0.69	0.68	0.79	0.26	0.68	0.00	0.00	1.37	1.48	1.37	1.48	1.37	1.48	1.37	1.48	1.37	XXX

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
92533		B	Caloric vestibular test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92534		B	Optokinetic nystagmus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92541		A	Spontaneous nystagmus test	0.40	0.43	0.66	0.43	0.43	0.66	0.43	0.66	0.43	0.89	1.12	0.89	1.12	0.89	1.12	0.89	1.12	XXX
92541	26	A	Spontaneous nystagmus test	0.40	0.19	0.42	0.19	0.42	0.42	0.19	0.42	0.19	0.63	0.86	0.63	0.86	0.63	0.86	0.63	0.86	XXX
92541	TC	A	Spontaneous nystagmus test	0.00	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	XXX
92542		A	Positional nystagmus test	0.33	0.42	0.60	0.42	0.42	0.60	0.42	0.60	0.42	0.80	0.98	0.80	0.98	0.80	0.98	0.80	0.98	XXX
92542	26	A	Positional nystagmus test	0.33	0.15	0.33	0.15	0.33	0.33	0.15	0.33	0.15	0.51	0.69	0.51	0.69	0.51	0.69	0.51	0.69	XXX
92542	TC	A	Positional nystagmus test	0.00	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	XXX
92543		A	Caloric vestibular test	0.10	0.16	0.21	0.16	0.16	0.21	0.16	0.21	0.16	0.28	0.33	0.28	0.33	0.28	0.33	0.28	0.33	XXX
92543	26	A	Caloric vestibular test	0.10	0.05	0.10	0.05	0.10	0.05	0.10	0.05	0.10	0.16	0.21	0.16	0.21	0.16	0.21	0.16	0.21	XXX
92543	TC	A	Caloric vestibular test	0.00	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	XXX
92544		A	Optokinetic nystagmus test	0.26	0.34	0.47	0.34	0.34	0.47	0.34	0.47	0.34	0.64	0.77	0.64	0.77	0.64	0.77	0.64	0.77	XXX
92544	26	A	Optokinetic nystagmus test	0.26	0.12	0.25	0.12	0.25	0.12	0.25	0.12	0.25	0.40	0.53	0.40	0.53	0.40	0.53	0.40	0.53	XXX
92544	TC	A	Optokinetic nystagmus test	0.00	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	XXX
92545		A	Oscillating tracking test	0.23	0.33	0.41	0.33	0.33	0.41	0.33	0.41	0.33	0.60	0.68	0.60	0.68	0.60	0.68	0.60	0.68	XXX
92545	26	A	Oscillating tracking test	0.23	0.11	0.19	0.11	0.11	0.19	0.11	0.19	0.11	0.36	0.44	0.36	0.44	0.36	0.44	0.36	0.44	XXX
92545	TC	A	Oscillating tracking test	0.00	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	XXX
92546		A	Sinusoidal rotational test	0.29	0.37	0.53	0.37	0.37	0.53	0.37	0.53	0.37	0.70	0.86	0.70	0.86	0.70	0.86	0.70	0.86	XXX
92546	26	A	Sinusoidal rotational test	0.29	0.12	0.28	0.12	0.28	0.25	0.25	0.25	0.25	0.43	0.59	0.43	0.59	0.43	0.59	0.43	0.59	XXX
92546	TC	A	Sinusoidal rotational test	0.00	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	XXX
92547		A	Supplemental electrical test	0.50	1.80	1.96	1.80	1.80	1.96	1.80	1.96	1.80	2.45	2.61	2.45	2.61	2.45	2.61	2.45	2.61	ZZZ
92548		A	Posturography	0.50	0.27	0.44	0.27	0.27	0.44	0.27	0.44	0.27	0.81	0.98	0.81	0.98	0.81	0.98	0.81	0.98	XXX
92548	26	A	Posturography	0.00	1.53	1.52	1.53	1.53	1.52	1.53	1.52	1.64	1.63	1.64	1.63	1.64	1.63	1.64	1.63	1.64	XXX
92548	TC	A	Posturography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92551		N	Pure tone hearing test, air	0.00	0.45	0.46	0.45	0.45	0.46	0.45	0.46	0.45	0.48	0.49	0.48	0.49	0.48	0.49	0.48	0.49	XXX
92552		A	Audiometry, air & bone	0.00	0.69	0.68	0.69	0.69	0.68	0.69	0.68	0.69	0.74	0.73	0.74	0.73	0.74	0.73	0.74	0.73	XXX
92553		A	Speech threshold audiometry	0.00	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	XXX
92555		A	Speech audiometry, complete	0.00	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	XXX
92556		A	Comprehensive hearing test	0.00	1.23	1.23	1.23	1.23	1.23	1.23	1.23	1.23	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33	XXX
92557		N	Group audiometric testing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92559		N	Bekeby audiometry, screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92560		A	Bekeby audiometry, diagnosis	0.00	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	XXX
92561		A	Loudness balance test	0.00	0.43	0.42	0.43	0.43	0.42	0.43	0.42	0.43	0.46	0.45	0.46	0.45	0.46	0.45	0.46	0.45	XXX
92562		A	Tone decay hearing test	0.00	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	XXX
92563		A	Sisi hearing test	0.00	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	XXX
92564		A	Stenger test, pure tone	0.00	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	XXX
92565		A	Tympanometry	0.00	0.55	0.54	0.55	0.55	0.54	0.55	0.54	0.55	0.60	0.59	0.60	0.59	0.60	0.59	0.60	0.59	XXX
92566		A	Acoustic reflex testing	0.00	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	XXX
92568		A	Acoustic reflex decay test	0.00	0.43	0.42	0.43	0.43	0.42	0.43	0.42	0.43	0.46	0.45	0.46	0.45	0.46	0.45	0.46	0.45	XXX







CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility			Transitioned			Facility			Mal- practice			Non- facility			Transitioned			Facility			Global										
					Non- facility practise expense RVUs	Non- facility practise expense RVUs	Non- facility practise expense RVUs	Facility practise expense RVUs	Facility practise expense RVUs	Facility practise expense RVUs	Facility practise expense RVUs	Total	Non- facility practise expense RVUs	Total	Facility practise expense RVUs	Total	Non- facility practise expense RVUs	Total	Facility practise expense RVUs	Total	Non- facility practise expense RVUs	Total	Facility practise expense RVUs	Total												
																									Total		Non- facility practise expense RVUs	Total	Facility practise expense RVUs	Total	Non- facility practise expense RVUs	Total	Facility practise expense RVUs	Total	Non- facility practise expense RVUs	Total
92978	26	A	Intravas us, heart add-on	1.80	NA	NA	NA	0.75	1.05	0.06	NA	NA	NA	2.61	2.91	ZZZ	92978	TC	A	Intravas us, heart add-on	1.80	NA	NA	NA	0.75	1.05	0.06	NA	NA	NA	2.61	2.91	ZZZ			
92978				0.00	NA	NA	NA	4.73	4.72	0.22	NA	NA	NA	4.95	4.94	ZZZ	92979		A	Intravas us, heart (add-on)	1.44	NA	NA	NA	2.99	3.21	0.16	NA	NA	NA	4.59	4.81	ZZZ			
92979	26	A	Intravas us, heart (add-on)	1.44	NA	NA	NA	0.61	0.84	0.05	NA	NA	NA	2.10	2.33	ZZZ	92979	TC	A	Intravas us, heart (add-on)	1.44	NA	NA	NA	2.38	2.37	0.11	NA	NA	NA	2.49	2.48	ZZZ			
92979				0.00	NA	NA	NA	10.12	15.81	0.95	NA	NA	NA	25.91	31.60	000	92980		A	Insert intracoronary stent	14.84	NA	NA	NA	1.94	4.22	0.34	NA	NA	NA	6.45	8.73	ZZZ			
92981		A	Insert intracoronary stent	4.17	NA	NA	NA	7.62	11.74	0.95	NA	NA	NA	19.55	23.67	000	92982		A	Coronary artery dilation	10.98	NA	NA	NA	1.45	3.03	0.34	NA	NA	NA	4.76	6.34	ZZZ			
92982		A	Coronary artery dilation	2.97	NA	NA	NA	11.28	12.62	0.70	NA	NA	NA	33.78	35.12	090	92986		A	Revision of aortic valve	21.80	NA	NA	NA	11.59	12.83	0.71	NA	NA	NA	35.00	36.24	090			
92986		A	Revision of aortic valve	22.70	NA	NA	NA	9.06	10.07	0.56	NA	NA	NA	26.96	27.97	090	92987		A	Revision of mitral valve	17.34	NA	NA	NA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
92990		C	Revision of pulmonary valve	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	92992		C	Revision of heart chamber	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
92992		C	Revision of heart chamber	0.00	0.00	0.00	0.00	8.23	12.88	0.95	NA	NA	NA	21.27	25.92	000	92995		A	Coronary atherectomy	12.09	NA	NA	NA	1.47	3.29	0.34	NA	NA	NA	5.07	6.89	ZZZ			
92995		A	Coronary atherectomy	3.26	NA	NA	NA	6.77	12.44	0.95	NA	NA	NA	19.72	25.39	000	92996		A	Coronary atherectomy add-on	12.00	NA	NA	NA	2.34	3.68	0.34	NA	NA	NA	8.68	10.02	ZZZ			
92996		A	Coronary atherectomy add-on	6.00	NA	NA	NA	0.61	0.52	0.03	NA	NA	NA	0.72	0.81	XXX	92997		A	Pul art balloon repair, perc	0.17	0.52	0.61	0.52	0.46	0.47	0.02	0.48	0.49	0.48	0.49	0.48	0.49	0.48	0.49	0.48
92997		A	Pul art balloon repair, perc	0.00	0.46	0.47	0.46	0.14	0.06	0.01	NA	NA	NA	0.24	0.32	XXX	92998		A	Electrocardiogram, tracing	0.00	0.06	0.14	0.06	0.14	0.14	0.01	0.24	0.32	0.24	0.32	0.24	0.32	0.24	0.32	0.24
93000		A	Electrocardiogram, complete	0.17	0.06	0.																														

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## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup>			Non-facility			Facility			Transitioned			Non-facility			Facility			Transitioned			Global		
				RVUs	expense	practise	RVUs	expense	practise	RVUs	expense	practise	RVUs	expense	practise	RVUs	expense	practise	RVUs	expense	practise	RVUs	expense	practise	RVUs	expense	practise
93233	A		ECG monitor/review, 24 hrs	0.52	0.20	0.52	0.52	0.20	0.52	0.20	0.52	0.52	0.20	0.52	0.06	0.78	1.10	0.78	1.10	0.78	1.10	0.78	1.10	0.78	1.10	1.10	XXX
93235	A		ECG monitor/report, 24 hrs	0.45	2.91	3.17	3.17	2.91	3.17	2.91	3.17	3.17	2.91	3.17	0.18	3.54	3.80	3.54	3.80	3.54	3.80	3.54	3.80	3.54	3.80	3.80	XXX
93236	A		ECG monitor/report, 24 hrs	0.00	2.73	2.72	2.72	2.73	2.72	2.73	2.72	2.72	2.73	2.72	0.13	2.86	2.85	2.86	2.85	2.86	2.85	2.86	2.85	2.86	2.85	2.85	XXX
93237	A		ECG monitor/review, 24 hrs	0.45	0.18	0.45	0.45	0.18	0.45	0.18	0.45	0.45	0.18	0.45	0.05	0.68	0.95	0.68	0.95	0.68	0.95	0.68	0.95	0.68	0.95	0.95	XXX
93268	A		ECG record/review	0.52	0.70	3.30	3.30	0.70	3.30	0.70	3.30	3.30	0.70	3.30	0.28	1.50	4.10	1.50	4.10	1.50	4.10	1.50	4.10	1.50	4.10	4.10	XXX
93270	A		ECG recording	0.00	1.29	1.28	1.28	1.29	1.28	1.29	1.28	1.28	1.29	1.28	0.07	1.36	1.35	1.36	1.35	1.36	1.35	1.36	1.35	1.36	1.35	1.35	XXX
93271	A		Ecg/monitoring and analysis	0.00	2.45	2.44	2.44	2.45	2.44	2.45	2.44	2.44	2.45	2.44	0.17	2.62	2.61	2.62	2.61	2.62	2.61	2.62	2.61	2.62	2.61	2.61	XXX
93272	A		Ecg/review,interpret only	0.52	0.20	0.37	0.37	0.20	0.37	0.20	0.37	0.37	0.20	0.37	0.04	0.76	0.93	0.76	0.93	0.76	0.93	0.76	0.93	0.76	0.93	0.93	XXX
93278	A		ECG/signal-averaged	0.25	1.30	1.44	1.44	1.30	1.44	1.30	1.44	1.44	1.30	1.44	0.14	1.69	1.83	1.69	1.83	1.69	1.83	1.69	1.83	1.69	1.83	1.83	XXX
93278	26		ECG/signal-averaged	0.25	0.10	0.25	0.25	0.10	0.25	0.10	0.25	0.25	0.10	0.25	0.05	0.40	0.55	0.40	0.55	0.40	0.55	0.40	0.55	0.40	0.55	0.55	XXX
93278	TC		ECG/signal-averaged	0.00	1.20	1.19	1.19	1.20	1.19	1.20	1.19	1.19	1.20	1.19	0.09	1.29	1.28	1.29	1.28	1.29	1.28	1.29	1.28	1.29	1.28	1.28	XXX
93303	A		Echo transthoracic	1.30	4.53	4.95	4.95	4.53	4.95	4.53	4.95	4.95	4.53	4.95	0.28	6.11	6.53	6.11	6.53	6.11	6.53	6.11	6.53	6.11	6.53	6.53	XXX
93303	26		Echo transthoracic	1.30	0.52	0.95	0.95	0.52	0.95	0.52	0.95	0.95	0.52	0.95	0.07	1.89	2.32	1.89	2.32	1.89	2.32	1.89	2.32	1.89	2.32	2.32	XXX
93303	TC		Echo transthoracic	0.00	4.01	4.00	4.00	4.01	4.00	4.01	4.00	4.00	4.01	4.00	0.21	4.22	4.21	4.22	4.21	4.22	4.21	4.22	4.21	4.22	4.21	4.21	XXX
93304	A		Echo transthoracic	0.75	2.31	2.64	2.64	2.31	2.64	2.31	2.64	2.64	2.31	2.64	0.15	3.21	3.54	3.21	3.54	3.21	3.54	3.21	3.54	3.21	3.54	3.54	XXX
93304	26		Echo transthoracic	0.75	0.30	0.63	0.63	0.30	0.63	0.30	0.63	0.63	0.30	0.63	0.04	1.09	1.42	1.09	1.42	1.09	1.42	1.09	1.42	1.09	1.42	1.42	XXX
93304	TC		Echo transthoracic	0.00	2.01	2.01	2.01	2.01	2.01	2.01	2.01	2.01	2.01	2.01	0.11	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	XXX
93307	A		Echo exam of heart	0.92	4.38	4.91	4.91	4.38	4.91	4.38	4.91	4.91	4.38	4.91	0.28	5.58	6.11	5.58	6.11	5.58	6.11	5.58	6.11	5.58	6.11	6.11	XXX
93307	26		Echo exam of heart	0.92	0.37	0.91	0.91	0.37	0.91	0.37	0.91	0.91	0.37	0.91	0.07	1.36	1.90	1.36	1.90	1.36	1.90	1.36	1.90	1.36	1.90	1.90	XXX
93307	TC		Echo exam of heart	0.00	4.01	4.00	4.00	4.01	4.00	4.01	4.00	4.00	4.01	4.00	0.21	4.22	4.21	4.22	4.21	4.22	4.21	4.22	4.21	4.22	4.21	4.21	XXX
93308	A		Echo exam of heart	0.53	2.22	2.54	2.54	2.22	2.54	2.22	2.54	2.54	2.22	2.54	0.15	2.90	3.22	2.90	3.22	2.90	3.22	2.90	3.22	2.90	3.22	3.22	XXX
93308	26		Echo exam of heart	0.53	0.21	0.53	0.53	0.21	0.53	0.21	0.53	0.53	0.21	0.53	0.04	0.78	1.10	0.78	1.10	0.78	1.10	0.78	1.10	0.78	1.10	1.10	XXX
93308	TC		Echo exam of heart	0.00	2.01	2.01	2.01	2.01	2.01	2.01	2.01	2.01	2.01	2.01	0.11	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	XXX
93312	A		Echo transesophageal	2.20	4.68	5.21	5.21	4.68	5.21	4.68	5.21	5.21	4.68	5.21	0.35	7.23	7.76	7.23	7.76	7.23	7.76	7.23	7.76	7.23	7.76	7.76	XXX
93312	26		Echo transesophageal	2.20	0.75	1.29	1.29	0.75	1.29	0.75	1.29	1.29	0.75	1.29	0.09	3.04	3.58	3.04	3.58	3.04	3.58	3.04	3.58	3.04	3.58	3.58	XXX
93312	TC		Echo transesophageal	0.00	3.93	3.92	3.92	3.93	3.92	3.93	3.92	3.92	3.93	3.92	0.26	4.19	4.18	4.19	4.18	4.19	4.18	4.19	4.18	4.19	4.18	4.18	XXX
93313	A		Echo transesophageal	0.95	5.72	1.98	1.98	5.72	1.98	5.72	1.98	1.98	5.72	1.98	0.05	6.72	2.98	6.72	2.98	6.72	2.98	6.72	2.98	6.72	2.98	2.98	XXX
93313	26		Echo transesophageal	1.25	4.42	4.59	4.59	4.42	4.59	4.42	4.59	4.59	4.42	4.59	0.31	5.98	6.15	5.98	6.15	5.98	6.15	5.98	6.15	5.98	6.15	6.15	XXX
93314	A		Echo transesophageal	1.25	0.49	0.67	0.67	0.49	0.67	0.49	0.67	0.67	0.49	0.67	0.05	1.79	1.97	1.79	1.97	1.79	1.97	1.79	1.97	1.79	1.97	1.97	XXX
93314	26		Echo transesophageal	0.00	3.93	3.92	3.92	3.93	3.92	3.93	3.92	3.92	3.93	3.92	0.26	4.19	4.18	4.19	4.18	4.19	4.18	4.19	4.18	4.19	4.18	4.18	XXX
93314	TC		Echo transesophageal	2.78	4.93	5.27	5.27	4.93	5.27	4.93	5.27	5.27	4.93	5.27	0.35	8.06	8.40	8.06	8.40	8.06	8.40	8.06	8.40	8.06	8.40	8.40	XXX
93315	26		Echo transesophageal	2.78	1.00	1.35	1.35	1.00	1.35	1.00	1.35	1.35	1.00	1.35	0.09	3.87	4.22	3.87	4.22	3.87	4.22	3.87	4.22	3.87	4.22	4.22	XXX
93315	TC		Echo transesophageal	0.00	3.93	3.92	3.92	3.93	3.92	3.93	3.92	3.92	3.93	3.92	0.26	4.19	4.18	4.19	4.18	4.19	4.18	4.19	4.18	4.19	4.18	4.18	XXX
93316	A		Echo transesophageal	0.95	0.94	0.78	0.78	0.94	0.78	0.94	0.78	0.78	0.94	0.78	0.05	1.94	1.78	1.94	1.78	1.94	1.78	1.94	1.78	1.94	1.78	1.78	XXX
93317	A		Echo transesophageal	1.83	4.56	4.63	4.63	4.56	4.63	4.56	4.63	4.63	4.56	4.63	0.31	6.70	6.77	6.70	6.77	6.70	6.77	6.70	6.77	6.70	6.77	6.77	XXX
93317	26		Echo transesophageal	1.83	0.63	0.71	0.71	0.63	0.71	0.63	0.71	0.71	0.63	0.71	0.05	2.51	2.59	2.51	2.59	2.51	2.59	2.51	2.59	2.51	2.59	2.59	XXX
93317	TC		Echo transesophageal	0.00	3.93	3.92	3.92	3.93	3.92	3.93	3.92	3.92	3.93	3.92	0.26	4.19	4.18	4.19	4.18	4.19	4.18	4.19	4.18	4.19	4.18	4.18	XXX
93320	A		Doppler echo exam, heart	0.38	1.93	2.15	2.15	1.93	2.15	1.93	2.15	2.15	1.93	2.15	0.14	2.45	2.67	2.45	2.67	2.45	2.67	2.45	2.67	2.45	2.67	2.67	ZZZ
93320	26		Doppler echo exam, heart	0.38	0.15	0.38	0.38	0.15	0.38	0.15	0.38	0.38	0.15	0.38	0.04	0.57	0.80	0.57	0.80	0.57	0.80	0.57	0.80	0.57	0.80	0.80	ZZZ
93320	TC		Doppler echo exam, heart	0.00	1.78	1.77	1.77	1.78	1.77	1.78	1.77	1.77	1.78	1.77	0.10	1.88	1.87	1.88	1.87	1.88	1.87	1.88	1.87	1.88	1.87	1.87	ZZZ

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 3 \*Indicates RVUs are not used for Medicare payment.



CPT / HCPCS 2	Mod	Status	Description	Physician work 3 RVUs	Non- facility			Transitioned			Transitioned			Transitioned			
					Non-facility		Mal- practice RVUs	Facility		Non- facility		Mal- practice RVUs	Facility		Non- facility		Mal- practice RVUs
					practice RVUs	expense RVUs		practice RVUs	expense RVUs	practice RVUs	expense RVUs		practice RVUs	expense RVUs	practice RVUs	expense RVUs	
933321		A	Doppler echo exam, heart	0.15	1.22	1.30	1.22	1.30	0.09	1.46	1.54	1.46	1.54	0.09	1.46	1.54	ZZZ
933321	26	A	Doppler echo exam, heart	0.15	0.06	0.15	0.06	0.15	0.02	0.23	0.32	0.23	0.32	0.02	0.23	0.32	ZZZ
933321	TC	A	Doppler echo exam, heart	0.00	1.16	1.15	1.16	1.15	0.07	1.23	1.22	1.23	1.22	0.07	1.23	1.22	ZZZ
933325		A	Doppler color flow add-on	0.07	3.04	3.04	3.04	3.04	0.20	3.31	3.31	3.31	3.31	0.20	3.31	3.31	ZZZ
933325	26	A	Doppler color flow add-on	0.07	0.03	0.04	0.03	0.04	0.01	0.11	0.12	0.11	0.12	0.01	0.11	0.12	ZZZ
933325	TC	A	Doppler color flow add-on	0.00	3.01	3.00	3.01	3.00	0.19	3.20	3.19	3.20	3.19	0.19	3.20	3.19	ZZZ
933350		A	Echo transthoracic	0.78	2.14	2.60	2.14	2.60	0.19	3.11	3.57	3.11	3.57	0.19	3.11	3.57	XXX
933350	26	A	Echo transthoracic	0.78	0.31	0.78	0.31	0.78	0.08	1.17	1.64	1.17	1.64	0.08	1.17	1.64	XXX
933350	TC	A	Echo transthoracic	0.00	1.83	1.82	1.83	1.82	0.11	1.94	1.93	1.94	1.93	0.11	1.94	1.93	XXX
933501		A	Right heart catheterization	3.02	18.30	20.39	18.30	20.39	1.21	22.53	24.62	22.53	24.62	1.21	22.53	24.62	000
933501	26	A	Right heart catheterization	3.02	1.20	3.00	1.20	3.00	0.27	4.49	6.29	4.49	6.29	0.27	4.49	6.29	000
933501	TC	A	Right heart catheterization	0.00	17.10	17.39	17.10	17.39	0.94	18.04	18.33	18.04	18.33	0.94	18.04	18.33	000
933503		A	Insert/place heart catheter	2.91	1.06	2.19	0.67	2.10	0.28	4.25	5.38	3.86	5.29	0.28	4.25	5.29	000
933505		A	Biopsy of heart lining	4.38	3.80	4.96	3.80	4.96	0.36	8.54	9.70	8.54	9.70	0.36	8.54	9.70	000
933505	26	A	Biopsy of heart lining	4.38	1.80	2.92	1.80	2.92	0.22	6.40	7.52	6.40	7.52	0.22	6.40	7.52	000
933505	TC	A	Biopsy of heart lining	0.00	2.00	2.04	2.00	2.04	0.14	2.14	2.18	2.14	2.18	0.14	2.14	2.18	000
933508		A	Cath placement, angiography	4.10	14.30	15.61	14.30	15.61	0.77	19.17	20.48	19.17	20.48	0.77	19.17	20.48	000
933508	26	A	Cath placement, angiography	4.10	1.55	2.65	1.55	2.65	0.18	5.83	6.93	5.83	6.93	0.18	5.83	6.93	000
933508	TC	A	Cath placement, angiography	0.00	12.75	12.96	12.75	12.96	0.59	13.34	13.55	13.34	13.55	0.59	13.34	13.55	000
933510		A	Left heart catheterization	4.33	39.16	40.95	39.16	40.95	2.24	45.73	47.52	45.73	47.52	2.24	45.73	47.52	000
933510	26	A	Left heart catheterization	4.33	1.80	2.94	1.80	2.94	0.18	6.31	7.45	6.31	7.45	0.18	6.31	7.45	000
933510	TC	A	Left heart catheterization	0.00	37.36	38.01	37.36	38.01	2.06	39.42	40.07	39.42	40.07	2.06	39.42	40.07	000
933511		A	Left heart catheterization	5.03	38.46	39.65	38.46	39.65	2.16	45.65	46.84	45.65	46.84	2.16	45.65	46.84	000
933511																	

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3 +Indicates RVUs are not used for Medicare payment.







## APPENDIX B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility			Transitioned			Facility			Mal-practice			Non-facility			Transitioned			Facility Total	Transitioned Facility Total	Global
					RVUs	practice expense	RVUs	RVUs	practice expense	RVUs	RVUs	practice expense	RVUs	RVUs	practice expense	RVUs	RVUs	practice expense	RVUs	RVUs	practice expense	RVUs			
93572 TC	A		Heart flow reserve measure	0.00	4.73	4.73	4.73	4.73	4.73	4.73	4.73	4.73	4.73	0.11	0.11	4.84	4.84	4.84	4.84	4.84	4.84	4.84	4.84	ZZZ	
93600	A		Bundle of His recording	2.12	2.90	2.90	4.14	2.90	4.14	4.14	4.14	4.14	4.14	0.30	0.30	5.32	5.32	5.32	5.32	5.32	5.32	5.32	5.32	000	
93600 26	A		Bundle of His recording	2.12	0.88	0.88	2.12	0.88	2.12	2.12	2.12	2.12	2.12	0.19	0.19	3.19	3.19	3.19	3.19	3.19	3.19	3.19	3.19	000	
93600 TC	A		Bundle of His recording	0.00	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	0.11	0.11	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	000	
93602	A		Intra-atrial recording	2.12	2.04	2.04	2.81	2.04	2.81	2.81	2.81	2.81	2.81	0.17	0.17	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	000	
93602 26	A		Intra-atrial recording	2.12	0.88	0.88	1.66	0.88	1.66	1.66	1.66	1.66	1.66	0.11	0.11	3.11	3.11	3.11	3.11	3.11	3.11	3.11	3.11	000	
93602 TC	A		Intra-atrial recording	0.00	1.16	1.16	1.15	1.16	1.15	1.15	1.15	1.15	1.15	0.06	0.06	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	000	
93603	A		Right ventricular recording	2.12	2.62	2.62	3.75	2.62	3.75	3.75	3.75	3.75	3.75	0.22	0.22	4.96	4.96	4.96	4.96	4.96	4.96	4.96	4.96	000	
93603 26	A		Right ventricular recording	2.12	0.88	0.88	2.01	0.88	2.01	2.01	2.01	2.01	2.01	0.13	0.13	3.13	3.13	3.13	3.13	3.13	3.13	3.13	3.13	000	
93603 TC	A		Right ventricular recording	0.00	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74	0.09	0.09	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	000	
93607	A		Right ventricular recording	3.26	2.92	2.92	3.68	2.92	3.68	3.68	3.68	3.68	3.68	0.22	0.22	6.40	6.40	6.40	6.40	6.40	6.40	6.40	6.40	000	
93607 26	A		Right ventricular recording	3.26	1.37	1.37	2.14	1.37	2.14	2.14	2.14	2.14	2.14	0.13	0.13	4.76	4.76	4.76	4.76	4.76	4.76	4.76	4.76	000	
93607 TC	A		Right ventricular recording	0.00	1.55	1.55	1.54	1.55	1.54	1.54	1.54	1.54	1.54	0.09	0.09	1.64	1.64	1.64	1.64	1.64	1.64	1.64	1.64	000	
93609	A		Mapping of tachycardia	10.07	6.98	6.98	6.98	6.98	6.98	6.98	6.98	6.98	6.98	0.37	0.37	17.42	17.42	17.42	17.42	17.42	17.42	17.42	17.42	000	
93609 26	A		Mapping of tachycardia	10.07	4.16	4.16	4.17	4.16	4.17	4.17	4.17	4.17	4.17	0.22	0.22	14.45	14.45	14.45	14.45	14.45	14.45	14.45	14.45	000	
93609 TC	A		Mapping of tachycardia	0.00	2.82	2.82	2.81	2.82	2.81	2.81	2.81	2.81	2.81	0.15	0.15	2.97	2.97	2.97	2.97	2.97	2.97	2.97	2.97	000	
93610	A		Intra-atrial pacing	3.02	2.64	2.64	3.59	2.64	3.59	3.59	3.59	3.59	3.59	0.21	0.21	5.87	5.87	5.87	5.87	5.87	5.87	5.87	5.87	000	
93610 26	A		Intra-atrial pacing	3.02	1.24	1.24	2.19	1.24	2.19	2.19	2.19	2.19	2.19	0.13	0.13	4.39	4.39	4.39	4.39	4.39	4.39	4.39	4.39	000	
93610 TC	A		Intra-atrial pacing	0.00	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	0.08	0.08	1.48	1.48	1.48	1.48	1.48	1.48	1.48	1.48	000	
93612	A		Intraventricular pacing	3.02	2.91	2.91	3.89	2.91	3.89	3.89	3.89	3.89	3.89	0.22	0.22	6.15	6.15	6.15	6.15	6.15	6.15	6.15	6.15	000	
93612 26	A		Intraventricular pacing	3.02	1.24	1.24	2.22	1.24	2.22	2.22	2.22	2.22	2.22	0.13	0.13	4.39	4.39	4.39	4.39	4.39	4.39	4.39	4.39	000	
93612 TC	A		Intraventricular pacing	0.00	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	0.09	0.09	1.76	1.76	1.76	1.76	1.76	1.76	1.76	1.76	000	
93615	A		Esophageal recording	0.99	0.54	0.54	0.67	0.54	0.67	0.67	0.67	0.67	0.67	0.04	0.04	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	000	
93615 26	A		Esophageal recording	0.99	0.21	0.21	0.34	0.21	0.34	0.34	0.34	0.34	0.34	0.02	0.02	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	000	
93615 TC	A		Esophageal recording	0.00	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.02	0.02	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	000	
93616	A		Esophageal recording	1.49	0.72	0.72	1.54	0.72	1.54	1.54	1.54	1.54	1.54	0.08	0.08	2.29	2.29	2.29	2.29	2.29	2.29	2.29	2.29	000	
93616 26	A		Esophageal recording	1.49	0.39	0.39	1.21	0.39	1.21	1.21	1.21	1.21	1.21	0.06	0.06	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	000	
93616 TC	A		Esophageal recording	0.00	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.02	0.02	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	000	
93618	A		Heart rhythm pacing	4.26	5.89	5.89	8.36	5.89	8.36	8.36	8.36	8.36	8.36	0.56	0.56	10.71	10.71	10.71	10.71	10.71	10.71	10.71	10.71	000	
93618 26	A		Heart rhythm pacing	4.26	1.78	1.78	4.26	1.78	4.26	4.26	4.26	4.26	4.26	0.34	0.34	6.38	6.38	6.38	6.38	6.38	6.38	6.38	6.38	000	
93618 TC	A		Heart rhythm pacing	0.00	4.11	4.11	4.10	4.11	4.10	4.10	4.10	4.10	4.10	0.22	0.22	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	000	
93619	A		Electrophysiology evaluation	7.32	11.01	11.01	15.29	11.01	15.29	15.29	15.29	15.29	15.29	1.09	1.09	19.42	19.42	19.42	19.42	19.42	19.42	19.42	19.42	000	
93619 26	A		Electrophysiology evaluation	7.32	3.02	3.02	7.31	3.02	7.31	7.31	7.31	7.31	7.31	0.67	0.67	11.01	11.01	11.01	11.01	11.01	11.01	11.01	11.01	000	
93619 TC	A		Electrophysiology evaluation	0.00	7.99	7.99	7.98	7.99	7.98	7.98	7.98	7.98	7.98	0.42	0.42	8.41	8.41	8.41	8.41	8.41	8.41	8.41	8.41	000	
93620	A		Electrophysiology evaluation	11.59	14.08	14.08	20.86	14.08	20.86	20.86	20.86	20.86	20.86	1.21	1.21	26.88	26.88	26.88	26.88	26.88	26.88	26.88	26.88	000	
93620 26	A		Electrophysiology evaluation	11.59	4.78	4.78	11.58	4.78	11.58	11.58	11.58	11.58	11.58	0.74	0.74	17.11	17.11	17.11	17.11	17.11	17.11	17.11	17.11	000	
93620 TC	A		Electrophysiology evaluation	0.00	9.30	9.30	9.28	9.30	9.28	9.28	9.28	9.28	9.28	0.47	0.47	9.77	9.77	9.77	9.77	9.77	9.77	9.77	9.77	000	
93621	C		Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000	
93621 26	A		Electrophysiology evaluation	12.66	5.26	5.26	12.66	5.26	12.66	12.66	12.66	12.66	12.66	0.87	0.87	18.79	18.79	18.79	18.79	18.79	18.79	18.79	18.79	000	
93621 TC	C		Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000	

1 CPT codes and descriptions only are copyright 1998 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.  
 2 Copyright 1994 American Dental Association. All rights reserved.  
 3 +indicates RVUs are not used for Medicare payment.



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned		Transitioned		Transitioned		Global
					practice RVUs	expense RVUs	Non-facility practice RVUs	Facility practice RVUs	Facility practice expense RVUs	Mal- practice RVUs	Non- facility Total	Non- facility Total	
93622		C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
93622	26	A	Electrophysiology evaluation	12.74	5.25	12.71	5.25	12.71	5.25	12.71	5.25	18.83	26.29
93622	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
93623		C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
93623	26	A	Stimulation, pacing heart	2.85	1.18	2.56	1.18	2.56	0.16	0.16	4.19	5.57	5.57
93623	TC	C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
93624		A	Electrophysiologic study	4.81	3.99	4.96	3.99	4.96	0.27	0.27	9.07	10.04	10.04
93624	26	A	Electrophysiologic study	4.81	1.93	2.91	1.93	2.91	0.16	0.16	6.90	7.88	7.88
93624	TC	A	Electrophysiologic study	0.00	2.06	2.05	2.06	2.05	0.11	0.11	2.17	2.16	2.16
93631		A	Heart pacing, mapping	7.60	9.55	11.84	9.55	11.84	1.07	1.07	18.22	20.51	20.51
93631	26	A	Heart pacing, mapping	7.60	3.18	5.48	3.18	5.48	0.52	0.52	11.30	13.60	13.60
93631	TC	A	Heart pacing, mapping	0.00	6.37	6.36	6.37	6.36	0.55	0.55	6.92	6.91	6.91
93640		A	Evaluation heart device	3.52	8.93	10.95	8.93	10.95	0.86	0.86	13.31	15.33	15.33
93640	26	A	Evaluation heart device	3.52	1.48	3.52	1.48	3.52	0.48	0.48	5.48	7.52	7.52
93640	TC	A	Evaluation heart device	0.00	7.45	7.43	7.45	7.43	0.38	0.38	7.83	7.81	7.81
93641		A	Electrophysiology evaluation	5.93	9.90	13.35	9.90	13.35	0.86	0.86	16.69	20.14	20.14
93641	26	A	Electrophysiology evaluation	5.93	2.45	5.92	2.45	5.92	0.48	0.48	8.86	12.33	12.33
93641	TC	A	Electrophysiology evaluation	0.00	7.45	7.43	7.45	7.43	0.38	0.38	7.83	7.81	7.81
93642		A	Electrophysiology evaluation	4.89	9.47	12.32	9.47	12.32	0.86	0.86	15.22	18.07	18.07
93642	26	A	Electrophysiology evaluation	4.89	2.02	4.89	2.02	4.89	0.48	0.48	7.39	10.26	10.26
93642	TC	A	Electrophysiology evaluation	0.00	7.45	7.43	7.45	7.43	0.38	0.38	7.83	7.81	7.81
93650		A	Ablate heart dysrhythm focus	10.51	NA	NA	NA	10.98	1.05	1.05	NA	NA	17.81
93651		A	Ablate heart dysrhythm focus	16.25	NA	NA	10.57	17.16	1.05	1.05	NA	NA	27.87
93652		A	Ablate heart dysrhythm focus	17.68	NA	NA	11.09	17.29	1.05	1.05	NA	NA	29.82
93660		C	Tilt table evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
93660	26	A	Tilt table evaluation	1.89	0.77	1.36	0.77	1.36	0.13	0.13	2.79	3.38	3.38
93660	TC	C	Tilt table evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
93720		A	Total body plethysmography	0.17	0.77	0.92	0.77	0.63	0.07	1.01	1.16	1.01	0.87
93721		A	Plethysmography tracing	0.00	0.72	0.73	0.72	0.46	0.05	0.77	0.78	0.77	0.51
93722		A	Plethysmography report	0.17	0.05	0.19	0.05	0.17	0.02	0.24	0.38	0.24	0.36
93724		A	Analyze pacemaker system	4.89	6.15	6.96	6.15	6.96	0.39	0.39	11.43	12.24	12.24
93724	26	A	Analyze pacemaker system	4.89	2.04	2.86	2.04	2.86	0.17	0.17	7.10	7.92	7.92
93724	TC	A	Analyze pacemaker system	0.00	4.11	4.10	4.11	4.10	0.22	0.22	4.32	4.32	4.32
93731		A	Analyze pacemaker system	0.45	0.70	0.82	0.70	0.82	0.05	1.20	1.32	1.20	1.32
93731	26	A	Analyze pacemaker system	0.45	0.19	0.31	0.19	0.31	0.02	0.66	0.78	0.66	0.78
93731	TC	A	Analyze pacemaker system	0.00	0.51	0.51	0.51	0.51	0.03	0.54	0.54	0.54	0.54
93732		A	Analyze pacemaker system	0.92	0.90	0.97	0.90	0.97	0.06	1.88	1.95	1.88	1.95
93732	26	A	Analyze pacemaker system	0.92	0.37	0.44	0.37	0.44	0.03	1.32	1.39	1.32	1.39
93732	TC	A	Analyze pacemaker system	0.00	0.53	0.53	0.53	0.53	0.03	0.56	0.56	0.56	0.56
93733		A	Telephone analysis, pacemaker	0.17	0.81	0.93	0.81	0.93	0.07	1.05	1.17	1.05	1.17



# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned		Facility		Mal- practice		Non- facility		Transitioned		Facility		Total	Global	
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs					
93733	26	A	Telephone analysis, pacemaker	0.17	0.07	0.18	0.07	0.18	0.07	0.18	0.02	0.02	0.26	0.37	0.37	0.26	0.37	0.26	0.37	0.26	0.37
93733	TC	A	Telephone analysis, pacemaker	0.00	0.74	0.75	0.74	0.75	0.74	0.75	0.05	0.05	0.79	0.80	0.80	0.79	0.80	0.79	0.80	0.79	0.80
93734		A	Analyze pacemaker system	0.38	0.51	0.65	0.51	0.65	0.51	0.65	0.04	0.04	0.93	1.07	1.07	0.93	1.07	0.93	1.07	0.93	1.07
93734	26	A	Analyze pacemaker system	0.38	0.15	0.29	0.15	0.29	0.15	0.29	0.02	0.02	0.55	0.69	0.69	0.55	0.69	0.55	0.69	0.55	0.69
93734	TC	A	Analyze pacemaker system	0.00	0.36	0.36	0.36	0.36	0.36	0.36	0.02	0.02	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38
93735		A	Analyze pacemaker system	0.74	0.75	0.89	0.75	0.89	0.75	0.89	0.06	0.06	1.55	1.69	1.69	1.55	1.69	1.55	1.69	1.55	1.69
93735	26	A	Analyze pacemaker system	0.74	0.30	0.43	0.30	0.43	0.30	0.43	0.03	0.03	1.07	1.20	1.20	1.07	1.20	1.07	1.20	1.07	1.20
93735	TC	A	Analyze pacemaker system	0.00	0.45	0.46	0.45	0.46	0.45	0.46	0.03	0.03	0.48	0.49	0.49	0.48	0.49	0.48	0.49	0.48	0.49
93736		A	Telephone analysis, pacemaker	0.15	0.71	0.80	0.71	0.80	0.71	0.80	0.07	0.07	0.93	1.02	1.02	0.93	1.02	0.93	1.02	0.93	1.02
93736	26	A	Telephone analysis, pacemaker	0.15	0.06	0.15	0.06	0.15	0.06	0.15	0.02	0.02	0.23	0.32	0.32	0.23	0.32	0.23	0.32	0.23	0.32
93736	TC	A	Telephone analysis, pacemaker	0.00	0.65	0.65	0.65	0.65	0.65	0.65	0.05	0.05	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70
93737		A	Analyze cardio/defibrillator	0.45	0.70	0.78	0.70	0.78	0.70	0.78	0.05	0.05	1.20	1.28	1.28	1.20	1.28	1.20	1.28	1.20	1.28
93737	26	A	Analyze cardio/defibrillator	0.45	0.19	0.27	0.19	0.27	0.19	0.27	0.02	0.02	0.66	0.74	0.74	0.66	0.74	0.66	0.74	0.66	0.74
93737	TC	A	Analyze cardio/defibrillator	0.00	0.51	0.51	0.51	0.51	0.51	0.51	0.03	0.03	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54
93738		A	Analyze cardio/defibrillator	0.92	0.90	0.94	0.90	0.94	0.90	0.94	0.05	0.05	1.87	1.91	1.91	1.87	1.91	1.87	1.91	1.87	1.91
93738	26	A	Analyze cardio/defibrillator	0.92	0.37	0.41	0.37	0.41	0.37	0.41	0.02	0.02	1.31	1.35	1.35	1.31	1.35	1.31	1.35	1.31	1.35
93738	TC	A	Analyze cardio/defibrillator	0.00	0.53	0.53	0.53	0.53	0.53	0.53	0.03	0.03	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56
93740		A	Temperature gradient studies	0.16	0.19	0.42	0.19	0.42	0.19	0.42	0.03	0.03	0.38	0.61	0.61	0.38	0.61	0.38	0.61	0.38	0.61
93740	26	A	Temperature gradient studies	0.16	0.04	0.26	0.04	0.26	0.04	0.26	0.02	0.02	0.22	0.44	0.44	0.22	0.44	0.22	0.44	0.22	0.44
93740	TC	A	Temperature gradient studies	0.00	0.15	0.16	0.15	0.16	0.15	0.16	0.01	0.01	0.16	0.17	0.17	0.16	0.17	0.16	0.17	0.16	0.17
93760		N	Cephalic thermogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
93762		N	Peripheral thermogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
93770		A	Measure venous pressure	0.16	0.08	0.18	0.08	0.18	0.08	0.18	0.02	0.02	0.26	0.36	0.36	0.26	0.36	0.26	0.36	0.26	0.36
93770	26	A	Measure venous pressure	0.16	0.05	0.15	0.05	0.15	0.05	0.15	0.02	0.02	0.23	0.33	0.33	0.23	0.33	0.23	0.33	0.23	0.33
93770	TC	A	Measure venous pressure	0.00	0.03	0.03	0.03	0.03	0.03	0.03	0.00	0.00	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03
93784		N	Ambulatory BP monitoring	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
93786		N	Ambulatory BP recording	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
93788		N	Ambulatory BP analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
93790		N	Review/report BP recording	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
93797		A	Cardiac rehab	0.18	0.30	0.24	0.30	0.24	0.07	0.10	0.02	0.03	0.50	0.44	0.44	0.27	0.30	0.27	0.30	0.27	0.30
93797		A	Cardiac rehab/monitor	0.28	0.35	0.47	0.35	0.47	0.11	0.22	0.03	0.66	0.78	0.78	0.42	0.53	0.42	0.53	0.42	0.53	0.42
93798		A	Cardiac rehab/monitor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
93799		C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
93799	26	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
93799	TC	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
93875		A	Extracranial study	0.22	1.22	1.35	1.22	1.35	1.22	1.22	0.14	1.58	1.71	1.71	1.71	1.58	1.71	1.58	1.71	1.58	1.71
93875	26	A	Extracranial study	0.22	0.07	0.21	0.07	0.21	0.07	0.21	0.05	0.34	0.48	0.48	0.48	0.34	0.48	0.34	0.48	0.34	0.48
93875	TC	A	Extracranial study	0.00	1.15	1.14	1.15	1.14	1.15	1.14	0.09	1.24	1.23	1.23	1.23	1.24	1.23	1.24	1.23	1.24	1.23
93880		A	Extracranial study	0.60	4.05	4.21	4.05	4.21	4.05	4.05	0.34	4.99	5.15	5.15	5.15	4.99	5.15	4.99	5.15	4.99	5.15
93880	26	A	Extracranial study	0.60	0.19	0.36	0.19	0.36	0.19	0.36	0.03	0.82	0.99	0.99	0.99	0.82	0.99	0.82	0.99	0.82	0.99
93880	TC	A	Extracranial study	0.00	3.86	3.85	3.86	3.85	3.86	3.85	0.31	4.17	4.16	4.16	4.16	4.17	4.16	4.17	4.16	4.17	4.16



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned		Facility		Transitioned		Non- facility		Mal- practice		Non- facility		Transitioned		Facility		Transitioned		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	
93882		A	Extracranial study	0.40	2.69	2.80	2.69	2.80	2.69	2.80	2.69	2.80	2.69	2.80	2.69	2.80	0.22	0.22	3.31	3.42	3.31	3.42	3.31	3.42	XXX
93882	26	A	Extracranial study	0.40	0.13	0.24	0.13	0.24	0.13	0.24	0.13	0.24	0.13	0.24	0.13	0.24	0.02	0.02	0.55	0.66	0.55	0.66	0.55	0.66	XXX
93882	TC	A	Extracranial study	0.00	2.56	2.56	2.56	2.56	2.56	2.56	2.56	2.56	2.56	2.56	2.56	2.56	0.20	0.20	2.76	2.76	2.76	2.76	2.76	2.76	XXX
93886		A	Intracranial study	0.94	4.72	4.79	4.72	4.79	4.72	4.79	4.72	4.79	4.72	4.79	4.72	4.79	0.39	0.39	6.05	6.12	6.05	6.12	6.05	6.12	XXX
93886	26	A	Intracranial study	0.94	0.35	0.43	0.35	0.43	0.35	0.43	0.35	0.43	0.35	0.43	0.35	0.43	0.04	0.04	1.33	1.41	1.33	1.41	1.33	1.41	XXX
93886	TC	A	Intracranial study	0.00	4.37	4.36	4.37	4.36	4.37	4.36	4.37	4.36	4.37	4.36	4.37	0.35	0.35	4.72	4.71	4.72	4.71	4.72	4.71	4.72	XXX
93888		A	Intracranial study	0.62	3.14	3.19	3.14	3.19	3.14	3.19	3.14	3.19	3.14	3.19	3.14	3.19	0.26	0.26	4.02	4.07	4.02	4.07	4.02	4.07	XXX
93888	26	A	Intracranial study	0.62	0.23	0.28	0.23	0.28	0.23	0.28	0.23	0.28	0.23	0.28	0.23	0.28	0.02	0.02	0.87	0.92	0.87	0.92	0.87	0.92	XXX
93888	TC	A	Intracranial study	0.00	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91	0.24	0.24	3.15	3.15	3.15	3.15	3.15	3.15	3.15	XXX
93922		A	Extracranial study	0.25	1.29	1.44	1.29	1.44	1.29	1.44	1.29	1.44	1.29	1.44	1.29	1.44	0.15	0.15	1.69	1.84	1.69	1.84	1.69	1.84	XXX
93922	26	A	Extracranial study	0.25	0.09	0.25	0.09	0.25	0.09	0.25	0.09	0.25	0.09	0.25	0.09	0.25	0.04	0.04	0.38	0.54	0.38	0.54	0.38	0.54	XXX
93922	TC	A	Extracranial study	0.00	1.20	1.19	1.20	1.19	1.20	1.19	1.20	1.19	1.20	1.19	1.20	0.11	0.11	1.31	1.30	1.31	1.30	1.31	1.30	1.31	XXX
93923		A	Extracranial study	0.45	2.41	2.70	2.41	2.70	2.41	2.70	2.41	2.70	2.41	2.70	2.41	2.70	0.27	0.27	3.13	3.42	3.13	3.42	3.13	3.42	XXX
93923	26	A	Extracranial study	0.45	0.15	0.44	0.15	0.44	0.15	0.44	0.15	0.44	0.15	0.44	0.15	0.44	0.07	0.07	0.67	0.96	0.67	0.96	0.67	0.96	XXX
93923	TC	A	Extracranial study	0.00	2.26	2.26	2.26	2.26	2.26	2.26	2.26	2.26	2.26	2.26	2.26	0.20	0.20	2.46	2.46	2.46	2.46	2.46	2.46	2.46	XXX
93924		A	Extracranial study	0.50	2.64	2.95	2.64	2.95	2.64	2.95	2.64	2.95	2.64	2.95	2.64	2.95	0.31	0.31	3.45	3.76	3.45	3.76	3.45	3.76	XXX
93924	26	A	Extracranial study	0.50	0.18	0.50	0.18	0.50	0.18	0.50	0.18	0.50	0.18	0.50	0.18	0.50	0.08	0.08	0.76	1.08	0.76	1.08	0.76	1.08	XXX
93924	TC	A	Extracranial study	0.00	2.46	2.45	2.46	2.45	2.46	2.45	2.46	2.45	2.46	2.45	2.46	0.23	0.23	2.69	2.68	2.69	2.68	2.69	2.68	2.69	XXX
93925		A	Lower extremity study	0.58	4.07	4.23	4.07	4.23	4.07	4.23	4.07	4.23	4.07	4.23	4.07	4.23	0.34	0.34	4.99	5.15	4.99	5.15	4.99	5.15	XXX
93925	26	A	Lower extremity study	0.58	0.19	0.36	0.19	0.36	0.19	0.36	0.19	0.36	0.19	0.36	0.19	0.36	0.03	0.03	0.80	0.97	0.80	0.97	0.80	0.97	XXX
93925	TC	A	Lower extremity study	0.00	3.88	3.87	3.88	3.87	3.88	3.87	3.88	3.87	3.88	3.87	3.88	0.31	0.31	4.19	4.18	4.19	4.18	4.19	4.18	4.19	XXX
93926		A	Lower extremity study	0.39	2.71	2.82	2.71	2.82	2.71	2.82	2.71	2.82	2.71	2.82	2.71	2.82	0.23	0.23	3.33	3.44	3.33	3.44	3.33	3.44	XXX
93926	26	A	Lower extremity study	0.39	0.12	0.24	0.12	0.24	0.12	0.24	0.12	0.24	0.12	0.24	0.12	0.24	0.02	0.02	0.53	0.65	0.53	0.65	0.53	0.65	XXX
93926	TC	A	Lower extremity study	0.00	2.59	2.58	2.59	2.58	2.59	2.58	2.59	2.58	2.59	2.58	2.59	0.21	0.21	2.80	2.79	2.80	2.79	2.80	2.79	2.80	XXX
93930		A	Upper extremity study	0.46	4.27	4.46	4.27	4.46	4.27	4.46	4.27	4.46	4.27	4.46	4.27	4.46	0.37	0.37	5.10	5.29	5.10	5.29	5.10	5.29	XXX
93930	26	A	Upper extremity study	0.46	0.15	0.35	0.15	0.35	0.15	0.35	0.15	0.35	0.15	0.35	0.15	0.35	0.04	0.04	0.65	0.85	0.65	0.85	0.65	0.85	XXX
93930	TC	A	Upper extremity study	0.00	4.12	4.11	4.12	4.11	4.12	4.11	4.12	4.11	4.12	4.11	4.12	0.33	0.33	4.45	4.44	4.45	4.44	4.45	4.44	4.45	XXX
93931		A	Upper extremity study	0.31	2.85	2.98	2.85	2.98	2.85	2.98	2.85	2.98	2.85	2.98	2.85	2.98	0.24	0.24	3.40	3.53	3.40	3.53	3.40	3.53	XXX
93931	26	A	Upper extremity study	0.31	0.10	0.24	0.10	0.24	0.10	0.24	0.10	0.24	0.10	0.24	0.10	0.24	0.02	0.02	0.43	0.57	0.43	0.57	0.43	0.57	XXX
93931	TC	A	Upper extremity study	0.00	2.75	2.74	2.75	2.74	2.75	2.74	2.75	2.74	2.75	2.74	2.75	0.22	0.22	2.97	2.96	2.97	2.96	2.97	2.96	2.97	XXX
93965		A	Extracranial study	0.35	1.24	1.47	1.24	1.47	1.24	1.47	1.24	1.47	1.24	1.47	1.24	1.47	0.15	0.15	1.74	1.97	1.74	1.97	1.74	1.97	XXX
93965	26	A	Extracranial study	0.35	0.11	0.34	0.11	0.34	0.11	0.34	0.11	0.34	0.11	0.34	0.11	0.34	0.05	0.05	0.51	0.74	0.51	0.74	0.51	0.74	XXX
93965	TC	A	Extracranial study	0.00	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	0.10	0.10	1.23	1.23	1.23	1.23	1.23	1.23	1.23	XXX
93970		A	Extracranial study	0.68	4.51	4.66	4.51	4.66	4.51	4.66	4.51	4.66	4.51	4.66	4.51	4.66	0.40	0.40	5.59	5.74	5.59	5.74	5.59	5.74	XXX
93970	26	A	Extracranial study	0.68	0.22	0.38	0.22	0.38	0.22	0.38	0.22	0.38	0.22	0.38	0.22	0.38	0.04	0.04	0.94	1.10	0.94	1.10	0.94	1.10	XXX
93970	TC	A	Extracranial study	0.00	4.29	4.28	4.29	4.28	4.29	4.28	4.29	4.28	4.29	4.28	4.29	0.36	0.36	4.65	4.64	4.65	4.64	4.65	4.64	4.65	XXX
93971		A	Extracranial study	0.45	2.98	3.09	2.98	3.09	2.98	3.09	2.98	3.09	2.98	3.09	2.98	3.09	0.26	0.26	3.69	3.80	3.69	3.80	3.69	3.80	XXX
93971	26	A	Extracranial study	0.45	0.13	0.25	0.13	0.25	0.13	0.25	0.13	0.25	0.13	0.25	0.13	0.25	0.02	0.02	0.60	0.72	0.60	0.72	0.60	0.72	XXX
93971	TC	A	Extracranial study	0.00	2.85	2.84	2.85	2.84	2.85	2.84	2.85	2.84	2.85	2.84	2.85	0.24	0.24	3.09	3.08	3.09	3.08	3.09	3.08	3.09	XXX
93975		A	Vascular study	1.80	5.42	5.35	5.42	5.35	5.42	5.35	5.42	5.35	5.42	5.35	5.42	0.43	0.43	7.65	7.58	7.65	7.58	7.65	7.58	7.65	XXX



# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitioned		Facility		Transitioned		Facility		Transitioned		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
93975	26	A	Vascular study	1.80	0.53	0.48	0.53	0.48	0.53	0.48	0.48	0.48	0.53	0.48	0.48	0.48	XXX
93975	TC	A	Vascular study	0.00	4.89	4.87	4.89	4.87	4.89	4.87	4.87	4.87	4.89	4.87	4.87	4.87	XXX
93976		A	Vascular study	1.21	3.59	3.55	3.59	3.55	3.59	3.55	3.55	3.55	3.59	3.55	3.55	3.55	XXX
93976	26	A	Vascular study	1.21	0.34	0.31	0.34	0.31	0.34	0.31	0.31	0.31	0.34	0.31	0.31	0.31	XXX
93976	TC	A	Vascular study	0.00	3.25	3.24	3.25	3.24	3.25	3.24	3.24	3.24	3.25	3.24	3.24	3.24	XXX
93978		A	Vascular study	0.65	4.22	4.36	4.22	4.36	4.22	4.36	4.36	4.36	4.22	4.36	4.36	4.36	XXX
93978	26	A	Vascular study	0.65	0.22	0.37	0.22	0.37	0.22	0.37	0.37	0.37	0.22	0.37	0.37	0.37	XXX
93978	TC	A	Vascular study	0.00	4.00	3.99	4.00	3.99	4.00	3.99	3.99	3.99	4.00	3.99	3.99	3.99	XXX
93979		A	Vascular study	0.44	2.80	2.90	2.80	2.90	2.80	2.90	2.90	2.90	2.80	2.90	2.90	2.90	XXX
93979	26	A	Vascular study	0.44	0.15	0.25	0.15	0.25	0.15	0.25	0.25	0.25	0.15	0.25	0.25	0.25	XXX
93979	TC	A	Vascular study	0.00	2.65	2.65	2.65	2.65	2.65	2.65	2.65	2.65	2.65	2.65	2.65	2.65	XXX
93980		A	Penile vascular study	1.25	4.03	4.39	4.03	4.39	4.03	4.39	4.39	4.39	4.03	4.39	4.39	4.39	XXX
93980	26	A	Penile vascular study	1.25	0.40	0.77	0.40	0.77	0.40	0.77	0.77	0.77	0.40	0.77	0.77	0.77	XXX
93980	TC	A	Penile vascular study	0.00	3.63	3.62	3.63	3.62	3.63	3.62	3.62	3.62	3.63	3.62	3.62	3.62	XXX
93981		A	Penile vascular study	0.44	3.48	3.70	3.48	3.70	3.48	3.70	3.70	3.70	3.48	3.70	3.70	3.70	XXX
93981	26	A	Penile vascular study	0.44	0.13	0.36	0.13	0.36	0.13	0.36	0.36	0.36	0.13	0.36	0.36	0.36	XXX
93981	TC	A	Penile vascular study	0.00	3.35	3.34	3.35	3.34	3.35	3.34	3.34	3.34	3.35	3.34	3.34	3.34	XXX
93990		A	Doppler flow testing	0.25	2.69	2.76	2.69	2.76	2.69	2.76	2.76	2.76	2.69	2.76	2.76	2.76	XXX
93990	26	A	Doppler flow testing	0.25	0.10	0.18	0.10	0.18	0.10	0.18	0.18	0.18	0.10	0.18	0.18	0.18	XXX
93990	TC	A	Doppler flow testing	0.00	2.59	2.58	2.59	2.58	2.59	2.58	2.58	2.58	2.59	2.58	2.58	2.58	XXX
94010		A	Breathing capacity test	0.17	0.49	0.67	0.49	0.67	0.49	0.67	0.67	0.67	0.49	0.67	0.67	0.67	XXX
94010	26	A	Breathing capacity test	0.17	0.05	0.24	0.05	0.24	0.05	0.24	0.24	0.24	0.05	0.24	0.24	0.24	XXX
94010	TC	A	Breathing capacity test	0.00	0.44	0.43	0.44	0.43	0.44	0.43	0.43	0.43	0.44	0.43	0.43	0.43	XXX
94014		A	Patient recorded spirometry	0.52	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	XXX
94014	26	A	Patient recorded spirometry	0.52	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	XXX
94014	TC	A	Patient recorded spirometry	0.00	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	XXX
94015		B	Patient recorded spirometry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94015	26	B	Patient recorded spirometry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94015	TC	B	Patient recorded spirometry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94016		A	Review patient spirometry	0.52	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	XXX
94060		A	Evaluation of wheezing	0.31	1.06	1.27	1.06	1.27	1.06	1.27	1.27	1.27	1.06	1.27	1.27	1.27	XXX
94060	26	A	Evaluation of wheezing	0.31	0.09	0.30	0.09	0.30	0.09	0.30	0.30	0.30	0.09	0.30	0.30	0.30	XXX
94060	TC	A	Evaluation of wheezing	0.00	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	XXX
94070		A	Evaluation of wheezing	0.60	1.70	1.86	1.70	1.86	1.70	1.86	1.86	1.86	1.70	1.86	1.86	1.86	XXX
94070	26	A	Evaluation of wheezing	0.60	0.18	0.35	0.18	0.35	0.18	0.35	0.35	0.35	0.18	0.35	0.35	0.35	XXX
94070	TC	A	Evaluation of wheezing	0.00	1.52	1.51	1.52	1.51	1.52	1.51	1.51	1.51	1.52	1.51	1.51	1.51	XXX
94150		B	Vital capacity test	+0.07	0.12	0.17	0.12	0.17	0.12	0.17	0.17	0.17	0.12	0.17	0.17	0.17	XXX
94150	26	B	Vital capacity test	+0.07	0.03	0.08	0.03	0.08	0.03	0.08	0.08	0.08	0.03	0.08	0.08	0.08	XXX
94150	TC	B	Vital capacity test	+0.00	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	XXX
94200		A	Lung function test (MBC/MVV)	0.11	0.29	0.37	0.29	0.37	0.29	0.37	0.37	0.37	0.29	0.37	0.37	0.37	XXX

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2 Copyright 1994 American Dental Association. All rights reserved.

3 \*Indicates RVUs are not used for Medicare payment.



## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned		Transitioned		Transitioned		Transitioned		Global
					practice RVUs	expense RVUs	Non-facility practice RVUs	Facility practice RVUs	Facility practice expense RVUs	Non-facility		Facility			
										practice RVUs	expense RVUs	Non-facility practice RVUs	Facility practice RVUs		
94200	26	A	Lung function test (MBC/MVV)	0.11	0.03	0.11	0.03	0.11	0.01	0.15	0.23	0.15	0.23	XXX	
94200	TC	A	Lung function test (MBC/MVV)	0.00	0.26	0.26	0.26	0.26	0.02	0.28	0.28	0.28	0.28	XXX	
94240		A	Residual lung capacity	0.26	0.78	0.92	0.78	0.92	0.06	1.10	1.24	1.10	1.24	XXX	
94240	26	A	Residual lung capacity	0.26	0.07	0.21	0.07	0.21	0.02	0.35	0.49	0.35	0.49	XXX	
94240	TC	A	Residual lung capacity	0.00	0.71	0.71	0.71	0.71	0.04	0.75	0.75	0.75	0.75	XXX	
94250		A	Expired gas collection	0.11	0.17	0.25	0.17	0.25	0.02	0.30	0.38	0.30	0.38	XXX	
94250	26	A	Expired gas collection	0.11	0.03	0.11	0.03	0.11	0.01	0.15	0.23	0.15	0.23	XXX	
94250	TC	A	Expired gas collection	0.00	0.14	0.14	0.14	0.14	0.01	0.15	0.15	0.15	0.15	XXX	
94260		A	Thoracic gas volume	0.13	0.61	0.68	0.61	0.68	0.05	0.79	0.86	0.79	0.86	XXX	
94260	26	A	Thoracic gas volume	0.13	0.04	0.12	0.04	0.12	0.02	0.19	0.27	0.19	0.27	XXX	
94260	TC	A	Thoracic gas volume	0.00	0.57	0.56	0.57	0.56	0.03	0.60	0.59	0.60	0.59	XXX	
94350		A	Lung nitrogen washout curve	0.26	0.64	0.75	0.64	0.75	0.04	0.94	1.05	0.94	1.05	XXX	
94350	26	A	Lung nitrogen washout curve	0.26	0.07	0.19	0.07	0.19	0.01	0.34	0.46	0.34	0.46	XXX	
94350	TC	A	Lung nitrogen washout curve	0.00	0.57	0.56	0.57	0.56	0.03	0.60	0.59	0.60	0.59	XXX	
94360		A	Measure airflow resistance	0.26	1.07	1.18	1.07	1.18	0.06	1.39	1.50	1.39	1.50	XXX	
94360	26	A	Measure airflow resistance	0.26	0.07	0.18	0.07	0.18	0.01	0.34	0.45	0.34	0.45	XXX	
94360	TC	A	Measure airflow resistance	0.00	1.00	1.00	1.00	1.00	0.05	1.05	1.05	1.05	1.05	XXX	
94370		A	Breath airflow closing volume	0.26	0.35	0.41	0.35	0.41	0.03	0.64	0.70	0.64	0.70	XXX	
94370	26	A	Breath airflow closing volume	0.26	0.07	0.13	0.07	0.13	0.01	0.34	0.40	0.34	0.40	XXX	
94370	TC	A	Breath airflow closing volume	0.00	0.28	0.28	0.28	0.28	0.02	0.30	0.30	0.30	0.30	XXX	
94375		A	Respiratory flow volume loop	0.31	0.59	0.70	0.59	0.70	0.03	0.93	1.04	0.93	1.04	XXX	
94375	26	A	Respiratory flow volume loop	0.31	0.09	0.20	0.09	0.20	0.01	0.41	0.52	0.41	0.52	XXX	
94375	TC	A	Respiratory flow volume loop	0.00	0.50	0.50	0.50	0.50	0.02	0.52	0.52	0.52	0.52	XXX	
94400		A	CO2 breathing response curve	0.40	0.44	0.74	0.44	0.74	0.15	0.99	1.29	0.99	1.29	XXX	
94400	26	A	CO2 breathing response curve	0.40	0.11	0.41	0.11	0.41	0.10	0.61	0.91	0.61	0.91	XXX	
94400	TC	A	CO2 breathing response curve	0.00	0.33	0.33	0.33	0.33	0.05	0.38	0.38	0.38	0.38	XXX	
94450		A	Hypoxia response curve	0.40	0.52	0.63	0.52	0.63	0.04	0.96	1.07	0.96	1.07	XXX	
94450	26	A	Hypoxia response curve	0.40	0.12	0.23	0.12	0.23	0.02	0.54	0.65	0.54	0.65	XXX	
94450	TC	A	Hypoxia response curve	0.00	0.40	0.40	0.40	0.40	0.02	0.42	0.42	0.42	0.42	XXX	
94620		A	Pulmonary stress test/simple	0.88	1.74	2.11	1.74	2.11	0.12	2.74	3.11	2.74	3.11	XXX	
94620	26	A	Pulmonary stress test/simple	0.88	0.27	0.64	0.27	0.64	0.04	1.19	1.56	1.19	1.56	XXX	
94620	TC	A	Pulmonary stress test/simple	0.00	1.47	1.47	1.47	1.47	0.08	1.55	1.55	1.55	1.55	XXX	
94621		A	Pulm stress test/complex	0.88	1.74	1.74	1.74	1.74	0.12	2.74	2.74	2.74	2.74	XXX	
94621	26	A	Pulm stress test/complex	0.88	0.27	0.27	0.27	0.27	0.04	1.19	1.19	1.19	1.19	XXX	
94621	TC	A	Pulm stress test/complex	0.00	1.47	1.47	1.47	1.47	0.08	1.55	1.55	1.55	1.55	XXX	
94640		A	Airway inhalation treatment	0.00	0.43	0.42	0.43	0.42	0.02	0.45	0.44	0.45	0.44	XXX	
94642		C	Aerosol inhalation treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
94650		A	Pressure breathing (IPPB)	0.00	0.40	0.40	0.40	0.40	0.02	0.42	0.42	0.42	0.42	XXX	
94651		A	Pressure breathing (IPPB)	0.00	0.39	0.39	0.39	0.39	0.02	0.41	0.41	0.41	0.41	XXX	
94652		A	Pressure breathing (IPPB)	0.00	NA	NA	0.44	0.44	0.06	NA	NA	0.50	0.50	XXX	

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3 \*Indicates RVUs are not used for Medicare payment.



# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs 3	Non- facility			Transitioned Facility			Transitioned Non- facility			Facility			Transitioned Facility			Global
					practice RVUs	expense RVUs	RVUs	practice RVUs	expense RVUs	RVUs	practice RVUs	expense RVUs	RVUs	practice RVUs	expense RVUs	RVUs	practice RVUs	expense RVUs	RVUs	
94656		A	Initial ventilator mgmt	1.22	NA	NA	NA	0.36	1.01	0.09	NA	NA	NA	1.67	2.32	2.32	1.67	2.32	2.32	XXX
94657		A	Cont. ventilator	0.83	NA	NA	NA	0.30	0.58	0.04	NA	NA	NA	1.17	1.45	1.45	1.17	1.45	1.45	XXX
94660		A	Pos airway pressure, CPAP	0.76	0.48	0.70	0.28	0.28	0.65	0.05	1.29	1.51	1.51	1.09	1.46	1.46	1.09	1.46	1.46	XXX
94662		A	Neg pressure ventilation, cnp	0.76	NA	NA	NA	0.28	0.32	0.02	NA	NA	NA	1.06	1.10	1.10	1.06	1.10	1.10	XXX
94664		A	Aerosol or vapor inhalations	0.00	0.55	0.54	0.55	0.55	0.54	0.03	0.58	0.57	0.57	0.58	0.57	0.57	0.58	0.57	0.57	XXX
94665		A	Aerosol or vapor inhalations	0.00	0.50	0.50	0.50	0.50	0.50	0.04	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	XXX
94667		A	Chest wall manipulation	0.00	0.60	0.60	0.60	0.60	0.60	0.04	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	XXX
94668		A	Chest wall manipulation	0.00	0.37	0.37	0.37	0.37	0.37	0.02	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	XXX
94680		A	Exhaled air analysis: O2	0.26	0.61	0.78	0.61	0.61	0.78	0.07	0.94	1.11	1.11	0.94	1.11	1.11	0.94	1.11	1.11	XXX
94680	26	A	Exhaled air analysis: O2	0.26	0.08	0.25	0.08	0.08	0.25	0.02	0.36	0.53	0.53	0.36	0.53	0.53	0.36	0.53	0.53	XXX
94680	TC	A	Exhaled air analysis: O2	0.00	0.53	0.53	0.53	0.53	0.53	0.05	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	XXX
94681		A	Exhaled air analysis: O2,CO2	0.20	1.50	1.63	1.50	1.50	1.63	0.13	1.83	1.96	1.96	1.83	1.96	1.96	1.83	1.96	1.96	XXX
94681	26	A	Exhaled air analysis: O2,CO2	0.20	0.06	0.20	0.06	0.06	0.20	0.03	0.29	0.43	0.43	0.29	0.43	0.43	0.29	0.43	0.43	XXX
94681	TC	A	Exhaled air analysis: O2,CO2	0.00	1.44	1.43	1.43	1.44	1.43	0.10	1.54	1.53	1.53	1.54	1.53	1.53	1.54	1.53	1.53	XXX
94690		A	Exhaled air analysis	0.07	0.58	0.59	0.58	0.58	0.59	0.03	0.68	0.69	0.69	0.68	0.69	0.69	0.68	0.69	0.69	XXX
94690	26	A	Exhaled air analysis	0.07	0.02	0.04	0.02	0.02	0.04	0.00	0.09	0.11	0.11	0.09	0.11	0.11	0.09	0.11	0.11	XXX
94690	TC	A	Exhaled air analysis	0.00	0.56	0.55	0.55	0.56	0.55	0.03	0.59	0.58	0.58	0.59	0.58	0.58	0.59	0.58	0.58	XXX
94720		A	Monoxide diffusing capacity	0.26	0.94	1.08	0.94	0.94	1.08	0.07	1.27	1.41	1.41	1.27	1.41	1.41	1.27	1.41	1.41	XXX
94720	26	A	Monoxide diffusing capacity	0.26	0.07	0.21	0.07	0.07	0.21	0.02	0.35	0.49	0.49	0.35	0.49	0.49	0.35	0.49	0.49	XXX
94720	TC	A	Monoxide diffusing capacity	0.00	0.87	0.87	0.87	0.87	0.87	0.05	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	XXX
94725		A	Membrane diffusion capacity	0.26	1.89	1.97	1.89	1.89	1.97	0.11	2.26	2.34	2.34	2.26	2.34	2.34	2.26	2.34	2.34	XXX
94725	26	A	Membrane diffusion capacity	0.26	0.08	0.17	0.08	0.08	0.17	0.01	0.35	0.44	0.44	0.35	0.44	0.44	0.35	0.44	0.44	XXX
94725	TC	A	Membrane diffusion capacity	0.00	1.81	1.80	1.81	1.81	1.80	0.10	1.91	1.90	1.90	1.91	1.90	1.90	1.91	1.90	1.90	XXX
94750		A	Pulmonary compliance study	0.23	0.67	0.82	0.67	0.67	0.82	0.05	0.95	1.10	1.10	0.95	1.10	1.10	0.95	1.10	1.10	XXX
94750	26	A	Pulmonary compliance study	0.23	0.07	0.22	0.07	0.07	0.22	0.02	0.32	0.47	0.47	0.32	0.47	0.47	0.32	0.47	0.47	XXX
94750	TC	A	Pulmonary compliance study	0.00	0.60	0.60	0.60	0.60	0.60	0.03	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	XXX
94760		A	Measure blood oxygen level	0.00	0.27	0.27	0.27	0.27	0.27	0.02	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	XXX
94761		A	Measure blood oxygen level	0.00	0.70	0.69	0.69	0.70	0.69	0.05	0.75	0.74	0.74	0.75	0.74	0.74	0.75	0.74	0.74	XXX
94762		A	Measure blood oxygen level	0.00	1.18	1.17	1.17	1.18	1.17	0.08	1.26	1.25	1.25	1.26	1.25	1.25	1.26	1.25	1.25	XXX
94770		A	Exhaled carbon dioxide test	0.15	0.36	0.41	0.36	0.36	0.41	0.08	0.59	0.64	0.64	0.59	0.64	0.64	0.59	0.64	0.64	XXX
94770	26	A	Exhaled carbon dioxide test	0.15	0.04	0.10	0.04	0.04	0.10	0.02	0.21	0.27	0.27	0.21	0.27	0.27	0.21	0.27	0.27	XXX
94770	TC	A	Exhaled carbon dioxide test	0.00	0.32	0.31	0.31	0.32	0.31	0.06	0.38	0.37	0.37	0.38	0.37	0.37	0.38	0.37	0.37	XXX
94772		C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94772	26	C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94772	TC	C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799		C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799	26	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799	TC	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95004		A	Allergy skin tests	0.00	0.10	0.10	0.10	0.10	0.10	0.01	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	XXX
95010		A	Sensitivity skin tests	0.15	0.33	0.17	0.06	0.06	0.06	0.01	0.49	0.33	0.33	0.22	0.22	0.22	0.22	0.22	0.22	XXX

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3 \*Indicates RVUs are not used for Medicare payment.



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup>			Non- facility			Transitioned			Facility			Transitioned			Mal- practice			Non- facility			Transitioned			Facility			Transitioned			Global
				RVUs	practice	expense	RVUs	practice	expense	RVUs	practice	expense	RVUs	practice	expense	RVUs	practice	expense	RVUs	practice	expense	RVUs	practice	expense	RVUs	practice	expense	RVUs	practice	expense	RVUs	practice	expense	
95015	A		Sensitivity skin tests	0.15	0.39	0.19	0.06	0.06	0.01	0.55	0.35	0.22	0.22	XXX																				
95024	A		Allergy skin tests	0.00	0.14	0.15	0.14	0.15	0.01	0.15	0.16	0.15	0.16	XXX																				
95027	A		Skin end point titration	0.00	0.14	0.15	0.14	0.15	0.01	0.15	0.16	0.15	0.16	XXX																				
95028	A		Allergy skin tests	0.00	0.24	0.24	0.24	0.24	0.01	0.25	0.25	0.25	0.25	XXX																				
95044	A		Allergy patch tests	0.00	0.21	0.21	0.21	0.21	0.01	0.22	0.22	0.22	0.22	XXX																				
95052	A		Photo patch test	0.00	0.26	0.26	0.26	0.26	0.01	0.27	0.27	0.27	0.27	XXX																				
95056	A		Photosensitivity tests	0.00	0.19	0.18	0.10	0.09	0.01	0.20	0.19	0.11	0.10	XXX																				
95060	A		Eye allergy tests	0.00	0.36	0.36	0.36	0.36	0.02	0.38	0.38	0.38	0.38	XXX																				
95065	A		Nose allergy test	0.00	0.21	0.21	0.21	0.21	0.01	0.22	0.22	0.22	0.15	XXX																				
95070	A		Bronchial allergy tests	0.00	2.37	2.36	2.37	2.36	0.02	2.39	2.38	2.39	2.38	XXX																				
95071	A		Bronchial allergy tests	0.00	3.03	3.02	3.03	3.02	0.02	3.05	3.04	3.05	3.04	XXX																				
95075	A		Ingestion challenge test	0.95	0.68	1.78	0.38	0.90	0.02	1.65	2.75	1.35	1.87	XXX																				
95078	A		Provocative testing	0.00	0.26	0.26	0.26	0.26	0.02	0.28	0.28	0.28	0.28	XXX																				
95115	A		Immunotherapy, one injection	0.00	0.40	0.40	0.40	0.40	0.02	0.42	0.42	0.42	0.42	000																				
95117	A		Immunotherapy injections	0.00	0.52	0.52	0.52	0.52	0.02	0.54	0.54	0.54	0.54	000																				
95120	I		Immunotherapy, one injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX																				
95125	I		Immunotherapy, many antigens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX																				
95130	I		Immunotherapy, insect venom	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX																				
95131	I		Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX																				
95132	I		Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX																				
95133	I		Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX																				
95134	I		Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX																				
95144	A		Antigen therapy services	0.06	0.23	0.16	0.02	0.06	0.01	0.30	0.23	0.09	0.13	000																				
95145	A		Antigen therapy services	0.06	0.40	0.38	0.02	0.15	0.02	0.48	0.46	0.10	0.23	000																				
95146	A		Antigen therapy services	0.06	0.27	0.56	0.02	0.25	0.02	0.35	0.64	0.10	0.33	000																				
95147	A		Antigen therapy services	0.06	0.30	0.82	0.02	0.38	0.02	0.38	0.90	0.10	0.46	000																				
95148	A		Antigen therapy services	0.06	0.33	0.83	0.02	0.38	0.02	0.41	0.91	0.10	0.46	000																				
95149	A		Antigen therapy services	0.06	0.48	1.05	0.02	0.47	0.02	0.56	1.13	0.10	0.55	000																				
95165	A		Antigen therapy services	0.06	0.22	0.14	0.02	0.05	0.01	0.29	0.21	0.09	0.12	000																				
95170	A		Antigen therapy services	0.06	0.23	0.34	0.02	0.15	0.02	0.31	0.42	0.10	0.23	000																				
95180	A		Rapid desensitization	2.01	1.51	0.49	0.83	0.27	0.01	3.53	2.51	2.85	2.29	000																				
95189	C		Allergy immunology services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000																				
955805	A		Multiple sleep latency test	1.88	6.02	6.00	6.02	6.00	0.35	8.25	8.23	8.25	8.23	XXX																				
95805	A	26	Multiple sleep latency test	1.88	0.63	0.62	0.63	0.62	0.05	2.56	2.55	2.56	2.55	XXX																				
95805	A	TC	Multiple sleep latency test	0.00	5.39	5.38	5.39	5.38	0.30	5.69	5.68	5.69	5.68	XXX																				
95806	A		Sleep study, unattended	1.66	5.78	7.29	5.78	6.79	0.43	7.87	9.38	7.87	8.88	XXX																				
95806	A	26	Sleep study, unattended	1.66	0.63	2.15	0.63	1.65	0.15	2.44	3.96	2.44	3.46	XXX																				
95806	A	TC	Sleep study, unattended	0.00	5.15	5.14	5.15	5.14	0.28	5.43	5.42	5.43	5.42	XXX																				
95807	A		Sleep study, attended	1.66	7.37	8.47	7.37	8.47	0.53	9.56	10.66	9.56	10.66	XXX																				
95807	A	26	Sleep study, attended	1.66	0.51	1.62	0.51	1.62	0.15	2.32	3.43	2.32	3.43	XXX																				

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23 +Indicates RVUs are not used for Medicare payment.



CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility practice expense RVUs	Transitional Non-facility practice expense RVUs	Facility practice expense RVUs	Transitional Facility practice expense RVUs	Mal- practice RVUs	Non- facility Total	Transitional Non- facility Total	Facility Total	Transitional Facility Total
95807	TC	A	Sleep study, attended	0.00	6.86	6.85	6.86	6.85	0.38	7.24	7.23	7.24	7.23
95808		A	Polysonnography, 1-3	2.65	7.74	9.07	7.74	9.07	0.53	10.92	12.25	10.92	12.25
95808	26	A	Polysonnography, 1-3	2.65	0.88	2.22	0.88	2.22	0.15	3.68	5.02	3.68	5.02
95808	TC	A	Polysonnography, 1-3	0.00	6.86	6.85	6.86	6.85	0.38	7.24	7.23	7.24	7.23
95810		A	Polysonnography, 4 or more	3.53	8.00	9.13	8.00	9.13	0.53	12.06	13.19	12.06	13.19
95810	26	A	Polysonnography, 4 or more	3.53	1.14	2.28	1.14	2.28	0.15	4.82	5.96	4.82	5.96
95810	TC	A	Polysonnography, 4 or more	0.00	6.86	6.85	6.86	6.85	0.38	7.24	7.23	7.24	7.23
95811		A	Polysonnography w/cap	3.80	8.43	9.59	8.43	9.59	0.55	12.78	13.94	12.78	13.94
95811	26	A	Polysonnography w/cap	3.80	1.22	2.40	1.22	2.40	0.16	5.18	6.36	5.18	6.36
95811	TC	A	Polysonnography w/cap	0.00	7.21	7.19	7.21	7.19	0.39	7.60	7.58	7.60	7.58
95812		A	Electroencephalogram (EEG)	1.08	1.89	1.98	1.89	1.98	0.12	3.09	3.18	3.09	3.18
95812	26	A	Electroencephalogram (EEG)	1.08	0.42	0.51	0.42	0.51	0.03	1.53	1.62	1.53	1.62
95812	TC	A	Electroencephalogram (EEG)	0.00	1.47	1.47	1.47	1.47	0.09	1.56	1.56	1.56	1.56
95813		A	Electroencephalogram (EEG)	1.73	2.13	2.04	2.13	2.04	0.12	3.98	3.89	3.98	3.89
95813	26	A	Electroencephalogram (EEG)	1.73	0.66	0.57	0.66	0.57	0.03	2.42	2.33	2.42	2.33
95813	TC	A	Electroencephalogram (EEG)	0.00	1.47	1.47	1.47	1.47	0.09	1.56	1.56	1.56	1.56
95816		A	Electroencephalogram (EEG)	1.08	1.78	1.70	1.78	1.70	0.10	2.96	2.88	2.96	2.88
95816	26	A	Electroencephalogram (EEG)	1.08	0.42	0.33	0.42	0.33	0.02	1.52	1.43	1.52	1.43
95816	TC	A	Electroencephalogram (EEG)	0.00	1.36	1.37	1.36	1.37	0.08	1.44	1.45	1.44	1.45
95819		A	Electroencephalogram (EEG)	1.08	1.84	1.92	1.84	1.92	0.11	3.03	3.11	3.03	3.11
95819	26	A	Electroencephalogram (EEG)	1.08	0.42	0.51	0.42	0.51	0.03	1.53	1.62	1.53	1.62
95819	TC	A	Electroencephalogram (EEG)	0.00	1.42	1.41	1.42	1.41	0.08	1.50	1.49	1.50	1.49
95822		A	Sleep electroencephalogram	1.08	2.30	2.43	2.30	2.43	0.14	3.52	3.65	3.52	3.65
95822	26	A	Sleep electroencephalogram	1.08	0.42	0.56	0.42	0.56	0.03	1.53	1.67	1.53	1.67
95822	TC	A	Sleep electroencephalogram	0.00	1.88	1.87	1.88	1.87	0.11	1.99	1.98	1.99	1.98
95824		A	Electroencephalography	0.74	0.73	0.98	0.73	0.98	0.05	1.52	1.77	1.52	1.77
95824	26	A	Electroencephalography	0.74	0.29	0.55	0.29	0.55	0.03	1.06	1.32	1.06	1.32
95824	TC	A	Electroencephalography	0.00	0.44	0.43	0.44	0.43	0.02	0.46	0.45	0.46	0.45
95827		A	Night electroencephalogram	1.08	2.77	3.19	2.77	3.19	0.18	4.03	4.45	4.03	4.45
95827	26	A	Night electroencephalogram	1.08	0.39	0.82	0.39	0.82	0.05	1.52	1.95	1.52	1.95
95827	TC	A	Night electroencephalogram	0.00									

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33 +Indicates RVUs are not used for Medicare payment.



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Mol- practice		Non- facility		Transitioned Non-facility		Transitioned Facility		Facility Total		Transitioned Facility Total		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	RVUs	RVUs	
95852		A	Range of motion measurements	0.11	0.30	0.20	0.05	0.07	0.02	0.02	0.02	0.02	0.43	0.33	0.33	0.18	0.20	0.18	0.20	0.18	0.20	0.20	XXX
95857		A	Tension test	0.53	0.54	0.54	0.22	0.26	0.03	0.03	0.03	0.03	1.10	1.10	1.10	0.78	0.82	0.78	0.82	0.78	0.82	0.82	XXX
95858		A	Tension test & myogram	1.56	1.05	1.09	1.05	1.09	0.07	0.07	0.07	0.07	2.68	2.72	2.72	2.68	2.72	2.68	2.72	2.68	2.72	2.72	XXX
95858	26	A	Tension test & myogram	1.56	0.64	0.68	0.64	0.68	0.04	0.04	0.04	0.04	2.24	2.28	2.28	2.24	2.28	2.24	2.28	2.24	2.28	2.28	XXX
95858	TC	A	Tension test & myogram	0.00	0.41	0.41	0.41	0.41	0.03	0.03	0.03	0.03	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	XXX
95860		A	Muscle test, one limb	0.96	0.79	1.08	0.79	1.08	0.07	0.07	0.07	0.07	1.82	2.11	2.11	1.82	2.11	1.82	2.11	1.82	2.11	2.11	XXX
95860	26	A	Muscle test, one limb	0.96	0.40	0.69	0.40	0.69	0.05	0.05	0.05	0.05	1.41	1.70	1.70	1.41	1.70	1.41	1.70	1.41	1.70	1.70	XXX
95860	TC	A	Muscle test, one limb	0.00	0.39	0.39	0.39	0.39	0.02	0.02	0.02	0.02	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	XXX
95861		A	Muscle test, two limbs	1.54	1.39	1.96	1.39	1.96	0.13	0.13	0.13	0.13	3.06	3.63	3.63	3.06	3.63	3.06	3.63	3.06	3.63	3.63	XXX
95861	26	A	Muscle test, two limbs	1.54	0.64	1.20	0.64	1.20	0.08	0.08	0.08	0.08	2.26	2.82	2.82	2.26	2.82	2.26	2.82	2.26	2.82	2.82	XXX
95861	TC	A	Muscle test, two limbs	0.00	0.75	0.76	0.75	0.76	0.05	0.05	0.05	0.05	0.80	0.81	0.81	0.80	0.81	0.80	0.81	0.80	0.81	0.81	XXX
95863		A	Muscle test, 3 limbs	1.87	1.73	2.31	1.73	2.31	0.14	0.14	0.14	0.14	3.74	4.32	4.32	3.74	4.32	3.74	4.32	3.74	4.32	4.32	XXX
95863	26	A	Muscle test, 3 limbs	1.87	0.76	1.34	0.76	1.34	0.09	0.09	0.09	0.09	2.72	3.30	3.30	2.72	3.30	2.72	3.30	2.72	3.30	3.30	XXX
95863	TC	A	Muscle test, 3 limbs	0.00	0.97	0.97	0.97	0.97	0.02	0.02	0.02	0.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	XXX
95864		A	Muscle test, 4 limbs	1.99	2.68	3.47	2.68	3.47	0.21	0.21	0.21	0.21	4.88	5.67	5.67	4.88	5.67	4.88	5.67	4.88	5.67	5.67	XXX
95864	26	A	Muscle test, 4 limbs	1.99	0.83	1.63	0.83	1.63	0.11	0.11	0.11	0.11	2.93	3.73	3.73	2.93	3.73	2.93	3.73	2.93	3.73	3.73	XXX
95864	TC	A	Muscle test, 4 limbs	0.00	1.85	1.84	1.85	1.84	0.10	0.10	0.10	0.10	1.95	1.94	1.94	1.95	1.94	1.95	1.94	1.95	1.94	1.94	XXX
95867		A	Muscle test, head or neck	0.79	0.94	1.16	0.94	1.16	0.07	0.07	0.07	0.07	1.80	2.02	2.02	1.80	2.02	1.80	2.02	1.80	2.02	2.02	XXX
95867	26	A	Muscle test, head or neck	0.79	0.34	0.56	0.34	0.56	0.04	0.04	0.04	0.04	1.17	1.39	1.39	1.17	1.39	1.17	1.39	1.17	1.39	1.39	XXX
95867	TC	A	Muscle test, head or neck	0.00	0.60	0.60	0.60	0.60	0.03	0.03	0.03	0.03	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	XXX
95868		A	Muscle test, head or neck	1.18	1.18	1.86	1.18	1.86	0.12	0.12	0.12	0.12	2.48	3.16	3.16	2.48	3.16	2.48	3.16	2.48	3.16	3.16	XXX
95868	26	A	Muscle test, head or neck	1.18	0.46	1.14	0.46	1.14	0.08	0.08	0.08	0.08	1.72	2.40	2.40	1.72	2.40	1.72	2.40	1.72	2.40	2.40	XXX
95868	TC	A	Muscle test, head or neck	0.00	0.72	0.72	0.72	0.72	0.04	0.04	0.04	0.04	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	XXX
95869		A	Muscle test, thor paraspinal	0.37	0.37	0.53	0.37	0.53	0.04	0.04	0.04	0.04	0.78	0.94	0.94	0.78	0.94	0.78	0.94	0.78	0.94	0.94	XXX
95869	26	A	Muscle test, thor paraspinal	0.37	0.15	0.31	0.15	0.31	0.02	0.02	0.02	0.02	0.54	0.70	0.70	0.54	0.70	0.54	0.70	0.54	0.70	0.70	XXX
95869	TC	A	Muscle test, thor paraspinal	0.00	0.22	0.22	0.22	0.22	0.02	0.02	0.02	0.02	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	XXX
95870		A	Muscle test, non-paraspinal	0.37	0.36	0.53	0.36	0.53	0.04	0.04	0.04	0.04	0.77	0.94	0.94	0.77	0.94	0.77	0.94	0.77	0.94	0.94	XXX
95870	26	A	Muscle test, non-paraspinal	0.37	0.14	0.31	0.14	0.31	0.02	0.02	0.02	0.02	0.53	0.70	0.70	0.53	0.70	0.53	0.70	0.53	0.70	0.70	XXX
95870	TC	A	Muscle test, non-paraspinal	0.00	0.22	0.22	0.22	0.22	0.02	0.02	0.02	0.02	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	XXX
95872		A	Muscle test, one fiber	1.50	1.21	1.32	1.21	1.32	0.09	0.09	0.09	0.09	2.80	2.91	2.91	2.80	2.91	2.80	2.91	2.80	2.91	2.91	XXX
95872	26	A	Muscle test, one fiber	1.50	0.59	0.70	0.59	0.70	0.05	0.05	0.05	0.05	2.14	2.25	2.25	2.14	2.25	2.14	2.25	2.14	2.25	2.25	XXX
95872	TC	A	Muscle test, one fiber	0.00	0.62	0.62	0.62	0.62	0.04	0.04	0.04	0.04	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	XXX
95875		A	Limb exercise test	1.34	0.95	0.73	0.95	0.73	0.08	0.08	0.08	0.08	2.37	2.15	2.15	2.37	2.15	2.37	2.15	2.37	2.15	2.15	XXX
95875	26	A	Limb exercise test	1.34	0.54	0.32	0.54	0.32	0.03	0.03	0.03	0.03	1.91	1.69	1.69	1.91	1.69	1.91	1.69	1.91	1.69	1.69	XXX
95875	TC	A	Limb exercise test	0.00	0.41	0.41	0.41	0.41	0.05	0.05	0.05	0.05	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	XXX
95900		A	Motor nerve conduction test	0.42	0.47	0.62	0.47	0.62	0.04	0.04	0.04	0.04	0.93	1.08	1.08	0.93	1.08	0.93	1.08	0.93	1.08	1.08	XXX
95900	26	A	Motor nerve conduction test	0.42	0.18	0.33	0.18	0.33	0.02	0.02	0.02	0.02	0.62	0.77	0.77	0.62	0.77	0.62	0.77	0.62	0.77	0.77	XXX
95900	TC	A	Motor nerve conduction test	0.00	0.29	0.29	0.29	0.29	0.02	0.02	0.02	0.02	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	XXX
95903		A	Motor nerve conduction test	0.60	0.51	0.61	0.51	0.61	0.04	0.04	0.04	0.04	1.15	1.25	1.25	1.15	1.25	1.15	1.25	1.15	1.25	1.25	XXX
95903	26	A	Motor nerve conduction test	0.60	0.25	0.35	0.25	0.35	0.02	0.02	0.02	0.02	0.87	0.97	0.97	0.87	0.97	0.87	0.97	0.87	0.97	0.97	XXX



CPT / HCPCS <sup>1</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility			Transitioned Non-facility			Facility			Transitioned Facility			Global
					practice		expense	practice		expense	practice		expense	practice		expense	
					RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	
95903	TC	A	Motor nerve conduction test	0.00	0.26	0.26	0.26	0.26	0.26	0.02	0.28	0.28	0.28	0.28	0.28	XXX	
95904		A	Sense nerve conduction test	0.34	0.36	0.54	0.36	0.54	0.36	0.04	0.74	0.74	0.92	0.92	0.92	XXX	
95904	26	A	Sense nerve conduction test	0.34	0.13	0.31	0.13	0.31	0.13	0.02	0.49	0.67	0.49	0.67	0.49	XXX	
95904	TC	A	Sense nerve conduction test	0.00	0.23	0.23	0.23	0.23	0.23	0.02	0.25	0.25	0.25	0.25	0.25	XXX	
95920		A	Intraop nerve test add-on	2.11	NA	NA	NA	2.74	0.15	NA	NA	NA	NA	4.50	5.00	ZZZ	
95920	26	A	Intraop nerve test add-on	2.11	NA	NA	NA	1.39	0.09	NA	NA	NA	NA	3.10	3.59	ZZZ	
95920	TC	A	Intraop nerve test add-on	0.00	NA	NA	1.34	1.35	0.06	NA	NA	NA	1.40	1.41	ZZZ		
95921		A	Autonomic nervous func test	0.90	0.73	0.74	0.73	0.74	0.04	1.67	1.68	1.68	1.67	1.68	1.68	XXX	
95921	26	A	Autonomic nervous func test	0.90	0.34	0.35	0.34	0.35	0.02	1.26	1.27	1.27	1.26	1.27	1.27	XXX	
95921	TC	A	Autonomic nervous func test	0.00	0.39	0.39	0.39	0.39	0.02	0.41	0.41	0.41	0.41	0.41	0.41	XXX	
95922		A	Autonomic nervous func test	0.96	0.77	0.76	0.77	0.76	0.04	1.77	1.76	1.76	1.77	1.77	1.76	XXX	
95922	26	A	Autonomic nervous func test	0.96	0.38	0.37	0.38	0.37	0.02	1.36	1.35	1.35	1.36	1.35	1.35	XXX	
95922	TC	A	Autonomic nervous func test	0.00	0.39	0.39	0.39	0.39	0.02	0.41	0.41	0.41	0.41	0.41	0.41	XXX	
95923		A	Autonomic nervous func test	0.90	0.74	0.74	0.74	0.74	0.04	1.68	1.68	1.68	1.68	1.68	1.68	XXX	
95923	26	A	Autonomic nervous func test	0.90	0.35	0.35	0.35	0.35	0.02	1.27	1.27	1.27	1.27	1.27	1.27	XXX	
95923	TC	A	Autonomic nervous func test	0.00	0.39	0.39	0.39	0.39	0.02	0.41	0.41	0.41	0.41	0.41	0.41	XXX	
95925		A	Somatosensory testing	0.54	1.17	1.51	1.17	1.51	0.09	1.80	2.14	2.14	1.80	2.14	2.14	XXX	
95925	26	A	Somatosensory testing	0.54	0.22	0.57	0.22	0.57	0.04	0.80	1.15	1.15	0.80	1.15	1.15	XXX	
95925	TC	A	Somatosensory testing	0.00	0.95	0.94	0.95	0.94	0.05	1.00	0.99	0.99	1.00	0.99	0.99	XXX	
95926		A	Somatosensory testing	0.54	1.18	1.52	1.18	1.52	0.09	1.81	2.15	2.15	1.81	2.15	2.15	XXX	
95926	26	A	Somatosensory testing	0.54	0.23	0.58	0.23	0.58	0.04	0.81	1.16	1.16	0.81	1.16	1.16	XXX	
95926	TC	A	Somatosensory testing	0.00	0.95	0.94	0.95	0.94	0.05	1.00	0.99	0.99	1.00	0.99	0.99	XXX	
95927		A	Somatosensory testing	0.54	1.18	1.52	1.18	1.52	0.09	1.81	2.15	2.15	1.81	2.15	2.15	XXX	
95927	26	A	Somatosensory testing	0.54	0.23	0.58	0.23	0.58	0.04	0.81	1.16	1.16	0.81	1.16	1.16	XXX	
95927	TC	A	Somatosensory testing	0.00	0.95	0.94	0.95	0.94	0.05	1.00	0.99	0.99	1.00	0.99	0.99	XXX	
95930		A	Visual evoked potential test	0.35	0.40	0.78	0.40	0.78	0.04	0.79	1.17	1.17	0.79	1.17	1.17	XXX	

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
95950		A	Ambulatory eeg monitoring	1.51	7.17	7.69	7.17	7.69	7.17	7.69	7.17	7.69	7.17	7.69	7.17	7.69	7.17	7.69	7.17	7.69	XXX
95950	26	A	Ambulatory eeg monitoring	1.51	0.59	1.13	0.59	1.13	0.59	1.13	0.59	1.13	0.59	1.13	0.59	1.13	0.59	1.13	0.59	1.13	XXX
95950	TC	A	Ambulatory eeg monitoring	0.00	6.58	6.56	6.58	6.56	6.58	6.56	6.58	6.56	6.58	6.56	6.58	6.56	6.58	6.56	6.58	6.56	XXX
95951		A	EEG monitoring/videorecord	6.00	10.36	9.78	10.36	9.78	10.36	9.78	10.36	9.78	10.36	9.78	10.36	9.78	10.36	9.78	10.36	9.78	XXX
95951	26	A	EEG monitoring/videorecord	6.00	2.39	1.82	2.39	1.82	2.39	1.82	2.39	1.82	2.39	1.82	2.39	1.82	2.39	1.82	2.39	1.82	XXX
95951	TC	A	EEG monitoring/videorecord	0.00	7.97	7.96	7.97	7.96	7.97	7.96	7.97	7.96	7.97	7.96	7.97	7.96	7.97	7.96	7.97	7.96	XXX
95953		A	EEG monitoring/computer	3.08	7.79	7.85	7.79	7.85	7.79	7.85	7.79	7.85	7.79	7.85	7.79	7.85	7.79	7.85	7.79	7.85	XXX
95953	26	A	EEG monitoring/computer	3.08	1.21	1.29	1.21	1.29	1.21	1.29	1.21	1.29	1.21	1.29	1.21	1.29	1.21	1.29	1.21	1.29	XXX
95953	TC	A	EEG monitoring/computer	0.00	6.58	6.56	6.58	6.56	6.58	6.56	6.58	6.56	6.58	6.56	6.58	6.56	6.58	6.56	6.58	6.56	XXX
95954		A	EEG monitoring/giving drugs	2.45	1.47	2.26	1.47	2.26	1.47	2.26	1.47	2.26	1.47	2.26	1.47	2.26	1.47	2.26	1.47	2.26	XXX
95954	26	A	EEG monitoring/giving drugs	2.45	0.98	1.77	0.98	1.77	0.98	1.77	0.98	1.77	0.98	1.77	0.98	1.77	0.98	1.77	0.98	1.77	XXX
95954	TC	A	EEG monitoring/giving drugs	0.00	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	XXX
95955		A	EEG during surgery	1.01	2.38	2.96	2.38	2.96	2.38	2.96	2.38	2.96	2.38	2.96	2.38	2.96	2.38	2.96	2.38	2.96	XXX
95955	26	A	EEG during surgery	1.01	0.34	0.93	0.34	0.93	0.34	0.93	0.34	0.93	0.34	0.93	0.34	0.93	0.34	0.93	0.34	0.93	XXX
95955	TC	A	EEG during surgery	0.00	2.04	2.03	2.04	2.03	2.04	2.03	2.04	2.03	2.04	2.03	2.04	2.03	2.04	2.03	2.04	2.03	XXX
95956		A	EEG monitoring/cable/radio	3.08	7.81	8.09	7.81	8.09	7.81	8.09	7.81	8.09	7.81	8.09	7.81	8.09	7.81	8.09	7.81	8.09	XXX
95956	26	A	EEG monitoring/cable/radio	3.08	1.23	1.53	1.23	1.53	1.23	1.53	1.23	1.53	1.23	1.53	1.23	1.53	1.23	1.53	1.23	1.53	XXX
95956	TC	A	EEG monitoring/cable/radio	0.00	6.58	6.56	6.58	6.56	6.58	6.56	6.58	6.56	6.58	6.56	6.58	6.56	6.58	6.56	6.58	6.56	XXX
95957		A	EEG digital analysis	1.98	2.56	2.47	2.56	2.47	2.56	2.47	2.56	2.47	2.56	2.47	2.56	2.47	2.56	2.47	2.56	2.47	XXX
95957	26	A	EEG digital analysis	1.98	0.79	0.71	0.79	0.71	0.79	0.71	0.79	0.71	0.79	0.71	0.79	0.71	0.79	0.71	0.79	0.71	XXX
95957	TC	A	EEG digital analysis	0.00	1.77	1.76	1.77	1.76	1.77	1.76	1.77	1.76	1.77	1.76	1.77	1.76	1.77	1.76	1.77	1.76	XXX
95958		A	EEG monitoring/function test	4.25	3.41	4.83	3.41	4.83	3.41	4.83	3.41	4.83	3.41	4.83	3.41	4.83	3.41	4.83	3.41	4.83	XXX
95958	26	A	EEG monitoring/function test	4.25	1.60	3.03	1.60	3.03	1.60	3.03	1.60	3.03	1.60	3.03	1.60	3.03	1.60	3.03	1.60	3.03	XXX
95958	TC	A	EEG monitoring/function test	0.00	1.81	1.80	1.81	1.80	1.81	1.80	1.81	1.80	1.81	1.80	1.81	1.80	1.81	1.80	1.81	1.80	XXX
95961		A	Electrode stimulation, brain	2.97	2.59	2.83	2.59	2.83	2.59	2.83	2.59	2.83	2.59	2.83	2.59	2.83	2.59	2.83	2.59	2.83	XXX
95961	26	A	Electrode stimulation, brain	2.97	1.25	1.48	1.25	1.48	1.25	1.48	1.25	1.48	1.25	1.48	1.25	1.48	1.25	1.48	1.25	1.48	XXX
95961	TC	A	Electrode stimulation, brain	0.00	1.34	1.35	1.34	1.35	1.34	1.35	1.34	1.35	1.34	1.35	1.34	1.35	1.34	1.35	1.34	1.35	XXX
95962		A	Electrode stimulation, brain	3.21	2.66	2.84	2.66	2.84	2.66	2.84	2.66	2.84	2.66	2.84	2.66	2.84	2.66	2.84	2.66	2.84	XXX
95962	26	A	Electrode stimulation, brain	3.21	1.32	1.49	1.32	1.49	1.32	1.49	1.32	1.49	1.32	1.49	1.32	1.49	1.32	1.49	1.32	1.49	XXX
95962	TC	A	Electrode stimulation, brain	0.00	1.34	1.35	1.34	1.35	1.34	1.35	1.34	1.35	1.34	1.35	1.34	1.35	1.34	1.35	1.34	1.35	XXX
95970		A	Neurostim analyze, no program	0.45	0.12	0.12	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	XXX
95971		A	Simple neurostim analyze	0.78	0.21	0.21	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	XXX
95972		A	Complex neurostim analyze	1.50	0.40	0.40	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	XXX
95973		A	Complex neurostim analyze	0.92	0.25	0.25	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	XXX
95974		A	Complex cranial neurostim	3.00	0.96	0.96	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	XXX
95975		A	Complex cranial neurostim	1.70	0.62	0.62	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	XXX
95999		C	Neurological procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96100		A	Psychological testing	0.00	1.83	1.82	1.83	1.82	1.83	1.82	1.83	1.82	1.83	1.82	1.83	1.82	1.83	1.82	1.83	1.82	XXX
96105		A	Assessment of aphasia	0.00	1.83	1.82	1.83	1.82	1.83	1.82	1.83	1.82	1.83	1.82	1.83	1.82	1.83	1.82	1.83	1.82	XXX
96110		C	Developmental test, lim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitioned		Facility		Mal- practice RVUs	Transitioned		Facility		Transitioned Facility Total	Global
					practice expense RVUs	Non-facility RVUs	practice expense RVUs	Non-facility RVUs	practice expense RVUs	Facility RVUs		practice expense RVUs	Non-facility RVUs	practice expense RVUs	Facility RVUs		
96111	A		Developmental test, extend	0.00	1.83	1.82	1.82	1.82	1.83	1.82	0.16	1.99	1.98	1.99	1.98	1.98	XXX
96115	A		Neurobehavior status exam	0.00	1.83	1.82	1.82	1.82	1.83	1.82	0.16	1.99	1.98	1.99	1.98	1.98	XXX
96117	A		Neuropsych test battery	0.00	1.83	1.82	1.82	1.82	1.83	1.82	0.16	1.99	1.98	1.99	1.98	1.98	XXX
96400	A		Chemotherapy, (SC)/(IM)	0.00	0.14	0.14	0.14	0.14	0.14	0.14	0.01	0.15	0.15	0.15	0.15	0.15	XXX
96405	A		Intralesional chemo admin	0.52	1.43	0.67	0.67	0.22	0.23	0.22	0.02	1.97	1.21	0.77	0.76	0.00	000
96406	A		Intralesional chemo admin	0.80	1.71	0.89	0.89	0.30	0.28	0.30	0.03	2.54	1.72	1.11	1.13	0.00	000
96408	A		Chemotherapy, push technique	0.00	1.00	1.00	1.00	1.00	1.00	1.00	0.05	1.05	1.05	1.05	1.05	1.05	XXX
96410	A		Chemotherapy, infusion method	0.00	1.60	1.60	1.60	1.60	1.60	1.60	0.07	1.67	1.67	1.67	1.67	1.67	XXX
96412	A		Chemotx infuse method add-on	0.00	1.20	1.19	1.19	1.19	1.20	1.19	0.06	1.26	1.25	1.26	1.25	1.25	ZZZ
96414	A		Chemotx infuse method add-on	0.00	1.37	1.38	1.38	1.38	1.37	1.38	0.07	1.44	1.45	1.44	1.45	1.45	XXX
96420	A		Chemotherapy, push technique	0.00	1.30	1.29	1.29	1.29	1.30	1.29	0.07	1.37	1.36	1.37	1.36	1.36	XXX
96422	A		Chemotherapy, infusion method	0.00	1.28	1.27	1.27	1.27	1.28	1.27	0.07	1.35	1.34	1.35	1.34	1.34	XXX
96423	A		Chemotx infuse method add-on	0.00	0.50	0.50	0.50	0.50	0.50	0.50	0.02	0.52	0.52	0.52	0.52	0.52	ZZZ
96425	A		Chemotherapy, infusion method	0.00	1.48	1.48	1.48	1.48	1.48	1.48	0.07	1.55	1.55	1.55	1.55	1.55	XXX
96440	A		Chemotherapy, intracavitary	2.37	6.22	2.22	2.22	1.01	0.91	0.91	0.05	8.64	4.64	3.43	3.33	0.00	000
96445	A		Chemotherapy, intracavitary	2.20	5.94	2.28	2.28	0.91	0.63	0.63	0.07	8.21	4.55	3.18	2.90	0.00	000
96450	A		Chemotherapy, into CNS	1.89	4.57	1.85	1.85	0.84	0.56	0.56	0.05	6.51	3.79	2.78	2.50	0.00	000
96520	A		Pump refilling, maintenance	0.00	0.93	0.92	0.92	0.93	0.93	0.92	0.05	0.98	0.97	0.98	0.97	0.97	XXX
96530	A		Pump refilling, maintenance	0.00	1.09	1.10	1.10	1.09	1.10	1.10	0.05	1.14	1.15	1.14	1.15	1.15	XXX
96542	A		Chemotherapy injection	1.42	2.93	1.62	1.62	0.67	0.61	0.61	0.10	4.45	3.14	2.19	2.13	0.00	XXX
96545	B		Provide chemotherapy agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96549	C		Chemotherapy, unspecified	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96900	A		Ultraviolet light therapy	0.00	0.41	0.41	0.41	0.41	0.41	0.41	0.02	0.43	0.43	0.43	0.43	0.43	XXX
96902	B		Trichogram	+0.41	0.22	0.29	0.29	0.15	0.27	0.27	0.02	0.65	0.72	0.58	0.70	0.00	XXX
96910	A		Photochemotherapy with UV-B	0.00	0.60	0.60	0.60	0.60	0.60	0.60	0.03	0.63	0.63	0.63	0.63	0.63	XXX
96912	A		Photochemotherapy with UV-A	0.00	0.69	0.68	0.68	0.69	0.69	0.68	0.04	0.73	0.72	0.73	0.72	0.72	XXX
96913	A		Photochemotherapy, UV-A or B	0.00	1.40	1.40	1.40	1.40	1.40	1.40	0.08	1.48	1.48	1.48	1.48	1.48	XXX
96999	C		Dermatological procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97001	A		Pt evaluation	1.20	0.34	0.37	0.37	0.41	0.41	0.39	0.09	1.63	1.66	1.70	1.68	1.68	XXX
97002	A		Pt re-evaluation	0.60	0.25	0.09	0.09	0.21	0.08	0.08	0.01	0.86	0.70	0.82	0.69	0.69	XXX
97003	A		Ot evaluation	1.20	0.54	0.42	0.42	0.45	0.40	0.40	0.09	1.83	1.71	1.74	1.69	1.69	XXX
97004	A		Ot re-evaluation	0.60	0.28	0.10	0.10	0.19	0.08	0.08	0.01	0.89	0.71	0.80	0.69	0.69	XXX
97010	B		Hot or cold packs therapy	+0.06	0.12	0.20	0.20	0.01	0.18	0.18	0.02	0.20	0.28	0.09	0.26	0.26	XXX
97012	A		Mechanical traction therapy	0.25	0.14	0.19	0.19	0.02	0.16	0.16	0.02	0.41	0.46	0.29	0.43	0.43	XXX
97014	A		Electric stimulation therapy	0.18	0.13	0.20	0.20	0.02	0.17	0.17	0.02	0.33	0.40	0.22	0.37	0.37	XXX
97016	A		Vasopneumatic device therapy	0.18	0.13	0.24	0.24	0.02	0.21	0.21	0.02	0.33	0.44	0.22	0.41	0.41	XXX
97018	A		Paraffin bath therapy	0.06	0.11	0.22	0.22	0.01	0.20	0.20	0.02	0.19	0.30	0.09	0.28	0.28	XXX
97020	A		Microwave therapy	0.06	0.12	0.20	0.20	0.01	0.17	0.17	0.02	0.20	0.28	0.09	0.25	0.25	XXX
97022	A		Whirlpool therapy	0.17	0.13	0.19	0.19	0.02	0.16	0.16	0.02	0.32	0.38	0.21	0.35	0.35	XXX
97024	A		Diathermy treatment	0.06	0.12	0.20	0.20	0.01	0.18	0.18	0.02	0.20	0.28	0.09	0.26	0.26	XXX

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## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	
97026		A	Infrared therapy	0.06	0.11	0.19	0.19	0.01	0.16	0.02	0.19	0.02	0.02	0.02	0.19	0.02	0.19	0.02	0.27	0.09	0.24	0.24	XXX
97028		A	Ultraviolet therapy	0.08	0.11	0.19	0.19	0.01	0.16	0.01	0.20	0.01	0.01	0.01	0.20	0.01	0.20	0.01	0.28	0.10	0.25	0.25	XXX
97032		A	Electrical stimulation	0.25	0.14	0.15	0.15	0.02	0.12	0.01	0.40	0.01	0.01	0.01	0.40	0.01	0.41	0.28	0.28	0.38	0.38	0.38	XXX
97033		A	Electric current therapy	0.26	0.17	0.16	0.16	0.03	0.12	0.02	0.45	0.02	0.02	0.02	0.45	0.02	0.44	0.31	0.44	0.31	0.40	0.40	XXX
97034		A	Contrast bath therapy	0.21	0.14	0.12	0.12	0.02	0.09	0.01	0.36	0.01	0.01	0.01	0.36	0.01	0.34	0.24	0.34	0.24	0.31	0.31	XXX
97035		A	Ultrasound therapy	0.21	0.14	0.13	0.13	0.02	0.10	0.01	0.36	0.01	0.01	0.01	0.36	0.01	0.35	0.24	0.35	0.24	0.32	0.32	XXX
97036		A	Hydrotherapy	0.28	0.18	0.22	0.22	0.03	0.18	0.02	0.48	0.02	0.02	0.02	0.48	0.02	0.52	0.33	0.52	0.33	0.48	0.48	XXX
97039		A	Physical therapy treatment	0.20	0.14	0.23	0.23	0.02	0.20	0.02	0.36	0.02	0.02	0.02	0.36	0.02	0.45	0.24	0.45	0.24	0.42	0.42	XXX
97110		A	Therapeutic exercises	0.45	0.19	0.15	0.15	0.04	0.12	0.02	0.66	0.02	0.02	0.02	0.66	0.02	0.62	0.51	0.62	0.51	0.59	0.59	XXX
97112		A	Neuromuscular reeducation	0.45	0.15	0.14	0.14	0.04	0.12	0.01	0.61	0.01	0.01	0.01	0.61	0.01	0.60	0.50	0.60	0.50	0.58	0.58	XXX
97113		A	Aquatic therapy/exercises	0.44	0.17	0.21	0.21	0.04	0.18	0.02	0.63	0.02	0.02	0.02	0.63	0.02	0.67	0.50	0.67	0.50	0.64	0.64	XXX
97116		A	Gait training therapy	0.40	0.15	0.13	0.13	0.04	0.10	0.01	0.56	0.01	0.01	0.01	0.56	0.01	0.54	0.45	0.54	0.45	0.51	0.51	XXX
97122		D	Manual traction therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97124		A	Massage therapy	0.35	0.14	0.13	0.13	0.03	0.10	0.01	0.50	0.01	0.01	0.01	0.50	0.01	0.49	0.39	0.49	0.39	0.46	0.46	XXX
97139		A	Physical medicine procedure	0.21	0.13	0.16	0.16	0.02	0.13	0.02	0.36	0.02	0.02	0.02	0.36	0.02	0.39	0.25	0.39	0.25	0.36	0.36	XXX
97140		A	Manual therapy	0.43	0.18	0.18	0.18	0.04	0.04	0.02	0.63	0.02	0.02	0.02	0.63	0.02	0.63	0.49	0.63	0.49	0.49	0.49	XXX
97150		A	Group therapeutic procedures	0.27	0.14	0.20	0.20	0.03	0.17	0.02	0.43	0.02	0.02	0.02	0.43	0.02	0.49	0.32	0.49	0.32	0.46	0.46	XXX
97250		D	Myofascial release	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
97260		D	Regional manipulation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
97261		D	Supplemental manipulations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
97265		D	Joint mobilization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
97504		A	Orthotic training	0.45	0.13	0.15	0.15	0.04	0.12	0.02	0.60	0.02	0.02	0.02	0.60	0.02	0.62	0.51	0.62	0.51	0.59	0.59	XXX
97520		A	Prosthetic training	0.45	0.17	0.16	0.16	0.04	0.13	0.02	0.64	0.02	0.02	0.02	0.64	0.02	0.63	0.51	0.63	0.51	0.60	0.60	XXX
97530		A	Therapeutic activities	0.44	0.15	0.17	0.17	0.04	0.15	0.02	0.61	0.02	0.02	0.02	0.61	0.02	0.63	0.50	0.63	0.50	0.61	0.61	XXX
97535		A	Self care mgmt training	0.45	0.15	0.17	0.17	0.04	0.15	0.02	0.62	0.02	0.02	0.02	0.62	0.02	0.64	0.51	0.64	0.51	0.62	0.62	XXX
97537		A	Community/work reintegration	0.45	0.15	0.17	0.17	0.04	0.15	0.02	0.62	0.02	0.02	0.02	0.62	0.02	0.64	0.51	0.64	0.51	0.62	0.62	XXX
97542		A	Wheelchair mgmt training	0.25	0.13	0.17	0.17	0.02	0.14	0.02	0.40	0.02	0.02	0.02	0.40	0.02	0.44	0.29	0.44	0.29	0.41	0.41	XXX
97545		R	Work hardening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97546		R	Work hardening add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
97703		A	Prosthetic checkout	0.25	0.06	0.17	0.17	0.02	0.16	0.02	0.33	0.02	0.02	0.02	0.33	0.02	0.44	0.29	0.44	0.29	0.43	0.43	XXX
97750		A	Physical performance test	0.45	0.15	0.23	0.23	0.04	0.21	0.02	0.62	0.02	0.02	0.02	0.62	0.02	0.70	0.51	0.70	0.51	0.68	0.68	XXX
97770		A	Cognitive skills development	0.44	0.14	0.26	0.26	0.04	0.24	0.02	0.60	0.02	0.02	0.02	0.60	0.02	0.72	0.50	0.72	0.50	0.70	0.70	XXX
97780		N	Acupuncture w/o stim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97781		N	Acupuncture w/stim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97799		C	Physical medicine procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
98925		A	Osteopathic manipulation	0.45	0.31	0.28	0.28	0.14	0.24	0.02	0.78	0.02	0.02	0.02	0.78	0.02	0.75	0.61	0.75	0.61	0.71	0.71	000
98926		A	Osteopathic manipulation	0.65	0.40	0.42	0.42	0.27	0.39	0.02	1.07	0.02	0.02	0.02	1.07	0.02	1.09	0.94	1.09	0.94	1.06	1.06	000
98927		A	Osteopathic manipulation	0.87	0.46	0.42	0.42	0.30	0.38	0.02	1.35	0.02	0.02	0.02	1.35	0.02	1.31	1.19	1.31	1.19	1.27	1.27	000
98928		A	Osteopathic manipulation	1.03	0.53	0.48	0.48	0.34	0.43	0.03	1.59	0.03	0.03	0.03	1.59	0.03	1.54	1.40	1.54	1.40	1.49	1.49	000
98929		A	Osteopathic manipulation	1.19	0.60	0.47	0.47	0.37	0.41	0.02	1.81	0.02	0.02	0.02	1.81	0.02	1.68	1.58	1.68	1.58	1.62	1.62	000

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3 \*Indicates RVUs are not used for Medicare payment.



# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs			Non- facility practice expense RVUs			Transitioned Non-facility practice expense RVUs			Facility practice expense RVUs			Mal- practice RVUs			Transitioned Non- facility Total			Facility Total			Transitioned Facility Total			Global		
				RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs
98940	A		Chiropractic manipulation	0.45	0.23	0.29	0.29	0.31	0.17	0.15	0.01	0.69	0.75	0.57	0.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
98941	A		Chiropractic manipulation	0.65	0.29	0.31	0.31	0.17	0.16	0.16	0.01	0.95	0.97	0.83	0.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
98942	A		Chiropractic manipulation	0.87	0.34	0.32	0.32	0.23	0.18	0.18	0.01	1.22	1.20	1.11	1.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
98943	N		Chiropractic manipulation	+0.40	0.30	0.31	0.31	0.15	0.27	0.27	0.01	0.71	0.72	0.56	0.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99000	B		Specimen handling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99001	B		Specimen handling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99002	B		Device handling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99024	B		Post-op follow-up visit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99025	B		Initial surgical evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99050	B		Medical services after hrs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99052	B		Medical services at night	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99054	B		Medical services, unusual hrs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99056	B		Non-office medical services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99058	B		Office emergency care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99070	B		Special supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99071	B		Patient education materials	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99075	N		Medical testimony	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99078	B		Group health education	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99080	B		Special reports or forms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99082	C		Unusual physician travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99090	B		Computer data analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99100	B		Special anesthesia service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99116	B		Anesthesia with hypothermia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99135	B		Special anesthesia procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99140	B		Emergency anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99141	B		Sedation, iv/im or inhalant	+0.80	1.47	1.04	1.04	0.37	0.77	0.77	0.04	2.31	1.88	1.21	1.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99142	B		Sedation, oral/rectal/nasal	+0.60	1.38	0.85	0.85	0.30	0.58	0.58	0.03	2.01	1.48	0.93	1.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99175	A		Induction of vomiting	0.00	1.45	1.44	1.44	1.45	1.44	1.44	0.08	1.53	1.52	1.53	1.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99183	A		Hyperbaric oxygen therapy	2.34	0.73	1.54	1.54	0.74	1.54	1.54	0.09	3.16	3.97	3.17	3.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99185	A		Regional hypothermia	0.00	NA	NA	NA	0.67	0.66	0.66	0.03	NA	NA	0.70	0.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99186	A		Total body hypothermia	0.00	NA	NA	NA	1.85	1.84	1.84	0.41	NA	NA	2.26	2.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99190	X		Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99191	X		Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99192	X		Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99195	A		Phlebotomy	0.00	0.45	0.46	0.46	0.45	0.45	0.45	0.02	0.47	0.48	0.47	0.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99199	C		Special service or report	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99201	A		Office/outpatient visit, new	0.45	0.70	0.52	0.52	0.36	0.24	0.24	0.03	1.18	1.00	0.84	0.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99202	A		Office/outpatient visit, new	0.88	0.95	0.65	0.65	0.54	0.32	0.32	0.04	1.87	1.57	1.46	1.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99203	A		Office/outpatient visit, new	1.34	1.26	0.80	0.80	0.74	0.40	0.40	0.05	2.65	2.19	2.13	1.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99204	A		Office/outpatient visit, new	2.00	1.68	1.14	1.14	1.00	0.57	0.57	0.06	3.74	3.20	3.06	2.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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3 \*Indicates RVUs are not used for Medicare payment.



## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned		Facility		Mal- practice RVUs	Non- facility		Transitioned		Facility		Total	Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs		practice RVUs	expense RVUs	practice RVUs	expense RVUs				
99205	A		Office/outpatient visit, new	2.67	1.90	1.26	0.65	1.23	0.65	0.07	0.07	4.64	4.00	3.97	3.39	XXX	XXX	XXX	XXX
99211	A		Office/outpatient visit, est	0.17	0.44	0.28	0.13	0.20	0.13	0.02	0.02	0.63	0.47	0.39	0.32	XXX	XXX	XXX	XXX
99212	A		Office/outpatient visit, est	0.45	0.53	0.40	0.19	0.30	0.19	0.02	0.02	1.00	0.87	0.77	0.66	XXX	XXX	XXX	XXX
99213	A		Office/outpatient visit, est	0.67	0.63	0.51	0.25	0.36	0.25	0.02	0.02	1.32	1.20	1.05	0.94	XXX	XXX	XXX	XXX
99214	A		Office/outpatient visit, est	1.10	0.95	0.70	0.35	0.57	0.35	0.03	0.03	2.08	1.83	1.70	1.48	XXX	XXX	XXX	XXX
99215	A		Office/outpatient visit, est	1.77	1.21	1.00	0.51	0.82	0.51	0.05	0.05	3.03	2.82	2.64	2.33	XXX	XXX	XXX	XXX
99217	A		Observation care discharge	1.28	NA	NA	0.56	0.56	0.56	0.03	0.03	NA	NA	1.97	1.87	XXX	XXX	XXX	XXX
99218	A		Observation care	1.28	NA	NA	0.64	0.64	0.72	0.05	0.05	NA	NA	1.97	2.05	XXX	XXX	XXX	XXX
99219	A		Observation care	2.14	NA	NA	0.92	1.09	0.92	0.07	0.07	NA	NA	3.13	3.30	XXX	XXX	XXX	XXX
99220	A		Observation care	2.99	NA	NA	1.26	1.25	1.25	0.07	0.07	NA	NA	4.32	4.31	XXX	XXX	XXX	XXX
99221	A		Initial hospital care	1.28	NA	NA	0.65	0.71	0.65	0.05	0.05	NA	NA	1.98	2.04	XXX	XXX	XXX	XXX
99222	A		Initial hospital care	2.14	NA	NA	0.93	1.08	0.93	0.07	0.07	NA	NA	3.14	3.29	XXX	XXX	XXX	XXX
99223	A		Initial hospital care	2.99	NA	NA	1.25	1.24	1.24	0.06	0.06	NA	NA	4.30	4.29	XXX	XXX	XXX	XXX
99231	A		Subsequent hospital care	0.64	NA	NA	0.27	0.38	0.27	0.02	0.02	NA	NA	0.93	1.04	XXX	XXX	XXX	XXX
99232	A		Subsequent hospital care	1.06	NA	NA	0.41	0.47	0.41	0.03	0.03	NA	NA	1.50	1.56	XXX	XXX	XXX	XXX
99233	A		Subsequent hospital care	1.51	NA	NA	0.59	0.64	0.59	0.04	0.04	NA	NA	2.14	2.19	XXX	XXX	XXX	XXX
99234	A		Observ/hosp same date	2.56	NA	NA	1.07	0.82	0.82	0.05	0.05	NA	NA	3.68	3.43	XXX	XXX	XXX	XXX
99235	A		Observ/hosp same date	3.42	NA	NA	1.35	1.19	1.19	0.07	0.07	NA	NA	4.84	4.68	XXX	XXX	XXX	XXX
99236	A		Observ/hosp same date	4.27	NA	NA	1.68	1.35	1.35	0.07	0.07	NA	NA	6.02	5.69	XXX	XXX	XXX	XXX
99238	A		Hospital discharge day	1.28	NA	NA	0.57	0.56	0.57	0.03	0.03	NA	NA	1.88	1.87	XXX	XXX	XXX	XXX
99239	A		Hospital discharge day	1.75	NA	NA	0.72	0.59	0.72	0.03	0.03	NA	NA	2.50	2.37	XXX	XXX	XXX	XXX
99241	A		Office consultation	0.64	0.86	0.73	0.41	0.37	0.41	0.06	0.06	1.56	1.43	1.11	1.07	XXX	XXX	XXX	XXX
99242	A		Office consultation	1.29	1.26	0.95	0.67	0.48	0.67	0.07	0.07	2.62	2.31	2.03	1.84	XXX	XXX	XXX	XXX
99243	A		Office consultation	1.72	1.53	1.17	0.89	0.62	0.89	0.08	0.08	3.33	2.97	2.69	2.42	XXX	XXX	XXX	XXX
99244	A		Office consultation	2.58	1.92	1.48	1.21	0.81	1.21	0.09	0.09	4.59	4.15	3.88	3.48	XXX	XXX	XXX	XXX
99245	A		Office consultation	3.43	2.26	1.94	1.52	1.07	1.52	0.13	0.13	5.82	5.50	5.08	4.63	XXX	XXX	XXX	XXX
99251	A		Initial inpatient consult	0.66	NA	NA	0.43	0.66	0.43	0.06	0.06	NA	NA	1.15	1.38	XXX	XXX	XXX	XXX
99252	A		Initial inpatient consult	1.32	NA	NA	0.72	0.80	0.72	0.07	0.07	NA	NA	2.11	2.19	XXX	XXX	XXX	XXX
99253	A		Initial inpatient consult	1.82	NA	NA	0.95	1.01	0.95	0.08	0.08	NA	NA	2.85	2.91	XXX	XXX	XXX	XXX
99254	A		Initial inpatient consult	2.64	NA	NA	1.26	1.29	1.26	0.09	0.09	NA	NA	3.99	4.02	XXX	XXX	XXX	XXX
99255	A		Initial inpatient consult	3.65	NA	NA	1.65	1.69	1.65	0.11	0.11	NA	NA	5.41	5.45	XXX	XXX	XXX	XXX
99261	A		Follow-up inpatient consult	0.42	NA	NA	0.33	0.35	0.33	0.02	0.02	NA	NA	0.77	0.79	XXX	XXX	XXX	XXX
99262	A		Follow-up inpatient consult	0.85	NA	NA	0.51	0.50	0.51	0.03	0.03	NA	NA	1.39	1.38	XXX	XXX	XXX	XXX
99263	A		Follow-up inpatient consult	1.27	NA	NA	0.67	0.72	0.67	0.03	0.03	NA	NA	1.97	2.02	XXX	XXX	XXX	XXX
99271	A		Confirmatory consultation	0.45	0.51	0.60	0.34	0.33	0.34	0.05	0.05	1.01	1.10	0.84	0.83	XXX	XXX	XXX	XXX
99272	A		Confirmatory consultation	0.84	0.70	0.75	0.53	0.43	0.53	0.07	0.07	1.61	1.66	1.44	1.34	XXX	XXX	XXX	XXX
99273	A		Confirmatory consultation	1.19	0.93	1.07	0.65	0.58	0.65	0.09	0.09	2.21	2.35	1.93	1.86	XXX	XXX	XXX	XXX
99274	A		Confirmatory consultation	1.73	1.22	1.30	0.88	0.72	0.88	0.09	0.09	3.04	3.12	2.70	2.54	XXX	XXX	XXX	XXX
99275	A		Confirmatory consultation	2.31	1.42	1.77	1.04	1.68	1.04	0.13	0.13	3.86	4.21	3.48	4.12	XXX	XXX	XXX	XXX
99281	A		Emergency dept visit	0.33	NA	NA	0.12	0.26	0.12	0.01	0.01	NA	NA	0.46	0.60	XXX	XXX	XXX	XXX



# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility			Transitioned facility			Mal- practice RVUs	Transitioned Non- facility			Facility			Transitioned Facility Total	Global
					practice expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Non- facility practice expense RVUs	Facility practice expense RVUs		Non- facility practice expense RVUs	Facility practice expense RVUs						
99282	A		Emergency dept visit	0.55	NA	NA	0.19	0.36	0.02	0.02	0.36	0.02	NA	NA	0.76	0.93	XXX		
99283	A		Emergency dept visit	1.24	NA	NA	0.35	0.49	0.03	0.03	0.49	0.03	NA	NA	1.62	1.76	XXX		
99284	A		Emergency dept visit	1.95	NA	NA	0.52	0.70	0.05	0.05	0.70	0.05	NA	NA	2.52	2.70	XXX		
99285	A		Emergency dept visit	3.06	NA	NA	0.77	1.12	0.06	0.06	1.12	0.06	NA	NA	3.89	4.24	XXX		
99288	B		Direct advanced life support	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX		
99291	A		Critical care, first hour	4.00	1.42	1.52	1.38	1.51	0.09	0.09	1.51	0.09	5.51	5.61	5.47	5.60	XXX		
99292	A		Critical care, addl 30 min	2.00	0.75	0.70	0.72	0.69	0.03	0.03	0.69	0.03	2.78	2.73	2.75	2.72	ZZZ		
99295	A		Neonatal critical care	16.00	NA	NA	5.71	5.56	1.21	1.21	5.56	1.21	NA	NA	22.92	22.77	XXX		
99296	A		Neonatal critical care	8.00	NA	NA	4.41	3.11	0.60	0.60	3.11	0.60	NA	NA	13.01	11.71	XXX		
99297	A		Neonatal critical care	4.00	NA	NA	4.25	2.06	0.30	0.30	2.06	0.30	NA	NA	8.55	6.36	XXX		
99298	A		Neonatal critical care	2.75	0.94	0.94	0.88	0.88	0.30	0.30	0.88	0.30	3.99	3.99	3.93	3.93	XXX		
99301	A		Nursing facility care	1.20	NA	NA	0.57	0.51	0.02	0.02	0.51	0.02	NA	NA	1.79	1.73	XXX		
99302	A		Nursing facility care	1.61	NA	NA	0.73	0.59	0.03	0.03	0.59	0.03	NA	NA	2.37	2.23	XXX		
99303	A		Nursing facility care	2.01	NA	NA	0.88	0.99	0.05	0.05	0.99	0.05	NA	NA	2.94	3.05	XXX		
99311	A		Nursing facility care,subseq	0.60	NA	NA	0.30	0.35	0.02	0.02	0.35	0.02	NA	NA	0.92	0.97	XXX		
99312	A		Nursing facility care,subseq	1.00	NA	NA	0.43	0.44	0.02	0.02	0.44	0.02	NA	NA	1.45	1.46	XXX		
99313	A		Nursing facility care,subseq	1.42	NA	NA	0.59	0.52	0.03	0.03	0.52	0.03	NA	NA	2.04	1.97	XXX		
99315	A		Nursing fac discharge day	1.13	NA	NA	0.58	0.56	0.03	0.03	0.56	0.03	NA	NA	1.74	1.72	XXX		
99316	A		Nursing fac discharge day	1.50	NA	NA	0.71	0.59	0.03	0.03	0.59	0.03	NA	NA	2.24	2.12	XXX		
99321	A		Rest home visit, new patient	0.71	0.38	0.40	0.40	0.40	0.02	0.02	0.40	0.02	1.11	1.13	1.13	1.13	XXX		
99322	A		Rest home visit, new patient	1.01	0.59	0.56	0.58	0.56	0.04	0.04	0.56	0.04	1.64	1.61	1.63	1.61	XXX		
99323	A		Rest home visit, new patient	1.28	0.74	0.78	0.74	0.78	0.05	0.05	0.78	0.05	2.07	2.11	2.07	2.11	XXX		
99331	A		Rest home visit, estab pat	0.60	0.38	0.32	0.39	0.32	0.02	0.02	0.32	0.02	1.00	0.94	1.01	0.94	XXX		
99332	A		Rest home visit, estab pat	0.80	0.48	0.41	0.49	0.42	0.02	0.02	0.42	0.02	1.30	1.23	1.31	1.24	XXX		
99333	A		Rest home visit, estab pat	1.00	0.58	0.51	0.58	0.51	0.02	0.02	0.51	0.02	1.60	1.53	1.60	1.53	XXX		
99341	A		Home visit, new patient	1.01	0.49	0.56	0.51	0.56	0.04	0.04	0.56	0.04	1.54	1.61	1.56	1.61	XXX		
99342	A		Home visit, new patient	1.52	0.74	0.67	0.81	0.69	0.04	0.04	0.69	0.04	2.30	2.23	2.37	2.25	XXX		
99343	A		Home visit, new patient	2.27	1.09	0.90	1.24	0.94	0.05	0.05	0.94	0.05	3.41	3.22	3.56	3.26	XXX		
99344	A		Home visit, new patient	3.03	1.35	1.03	1.51	1.07	0.07	0.07	1.07	0.07	4.45	4.13	4.61	4.17	XXX		
99345	A		Home visit, new patient	3.79	1.61	1.09	1.78	1.14	0.07	0.07	1.14	0.07	5.47	4.95	5.64	5.00	XXX		
99347	A		Home visit, estab patient	0.76	0.41	0.47	0.43	0.48	0.03	0.03	0.48	0.03	1.20	1.26	1.22	1.27	XXX		
99348	A		Home visit, estab patient	1.26	0.63	0.59	0.64	0.60	0.03	0.03	0.60	0.03	1.92	1.88	1.93	1.89	XXX		
99349	A		Home visit, estab patient	2.02	0.91	0.72	0.86	0.71	0.04	0.04	0.71	0.04	2.97	2.78	2.92	2.77	XXX		
99350	A		Home visit, estab patient	3.03	1.24	0.93	1.15	0.90	0.05	0.05	0.90	0.05	4.32	4.01	4.23	3.98	XXX		
99354	A		Prolonged service, office	1.77	1.13	0.90	0.77	0.50	0.05	0.05	0.50	0.05	2.95	2.72	2.59	2.32	ZZZ		
99355	A		Prolonged service, office	1.77	0.96	0.86	0.66	0.47	0.05	0.05	0.47	0.05	2.78	2.68	2.48	2.29	ZZZ		
99356	A		Prolonged service, inpatient	1.71	NA	NA	0.61	0.84	0.06	0.06	0.84	0.06	NA	NA	2.38	2.61	ZZZ		
99357	A		Prolonged service, inpatient	1.71	NA	NA	0.64	0.85	0.06	0.06	0.85	0.06	NA	NA	2.41	2.62	ZZZ		
99358	B		Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ		
99359	B		Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ		

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3 \*Indicates RVUs are not used for Medicare payment.



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup>			Non-facility practice expense			Facility practice expense			Med- practice RVUs			Non- facility Total			Transitioned Non-facility Total			Facility Total			Transitioned Facility Total			Global		
				RVUs			RVUs			RVUs			RVUs			RVUs			RVUs			RVUs			RVUs				RVUs	
99360		X	Physician standby services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX		
99361		B	Physician/team conference	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX		
99362		B	Physician/team conference	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX		
99371		B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX		
99372		B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX		
99373		B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX		
99374		B	Home health care supervision	+1.10	1.03	1.03	0.67	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	1.74	XXX	
99375		A	Home health care supervision	1.73	1.11	1.11	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	2.40	XXX	
99377		B	Hospice care supervision	+1.10	1.03	1.03	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	1.74	XXX	
99378		A	Hospice care supervision	1.73	1.16	1.16	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	2.39	XXX	
99379		B	Nursing fac care supervision	+1.10	1.03	1.03	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	1.74	XXX	
99380		B	Nursing fac care supervision	+1.73	1.27	1.27	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	2.43	XXX	
99381		N	Preventive visit, new, infant	+1.19	1.08	1.08	1.27	0.45	1.11	0.45	1.11	0.45	1.11	0.45	1.11	0.45	1.11	0.45	1.11	0.45	1.11	0.45	1.11	0.45	1.11	0.45	1.11	2.36	XXX	
99382		N	Preventive visit, new, age 1-4	+1.36	1.13	1.13	1.43	0.52	1.28	0.52	1.28	0.52	1.28	0.52	1.28	0.52	1.28	0.52	1.28	0.52	1.28	0.52	1.28	0.52	1.28	0.52	1.28	2.71	XXX	
99383		N	Preventive visit, new, age 5-11	+1.36	1.11	1.11	1.43	0.52	1.28	0.52	1.28	0.52	1.28	0.52	1.28	0.52	1.28	0.52	1.28	0.52	1.28	0.52	1.28	0.52	1.28	0.52	1.28	2.71	XXX	
99384		N	Preventive visit, new, 12-17	+1.53	1.18	1.18	1.59	0.58	1.44	0.58	1.44	0.58	1.44	0.58	1.44	0.58	1.44	0.58	1.44	0.58	1.44	0.58	1.44	0.58	1.44	0.58	1.44	3.05	XXX	
99385		N	Preventive visit, new, 18-39	+1.53	1.18	1.18	1.59	0.58	1.44	0.58	1.44	0.58	1.44	0.58	1.44	0.58	1.44	0.58	1.44	0.58	1.44	0.58	1.44	0.58	1.44	0.58	1.44	2.89	XXX	
99386		N	Preventive visit, new, 40-64	+1.88	1.34	1.34	1.74	0.71	1.58	0.71	1.58	0.71	1.58	0.71	1.58	0.71	1.58	0.71	1.58	0.71	1.58	0.71	1.58	0.71	1.58	0.71	1.58	3.54	XXX	
99387		N	Preventive visit, new, 65&over	+2.06	1.45	1.45	1.89	0.77	1.72	0.77	1.72	0.77	1.72	0.77	1.72	0.77	1.72	0.77	1.72	0.77	1.72	0.77	1.72	0.77	1.72	0.77	1.72	3.87	XXX	
99391		N	Preventive visit, est, infant	+1.02	0.76	0.76	1.05	0.38	0.96	0.38	0.96	0.38	0.96	0.38	0.96	0.38	0.96	0.38	0.96	0.38	0.96	0.38	0.96	0.38	0.96	0.38	0.96	2.03	XXX	
99392		N	Preventive visit, est, age 1-4	+1.19	0.83	0.83	1.21	0.45	1.11	0.45	1.11	0.45	1.11	0.45	1.11	0.45	1.11	0.45	1.11	0.45	1.11	0.45	1.11	0.45	1.11	0.45	1.11	2.36	XXX	
99393		N	Preventive visit, est, age 5-11	+1.19	0.83	0.83	1.21	0.45	1.11	0.45	1.11	0.45	1.11	0.45	1.11	0.45	1.11	0.45	1.11	0.45	1.11	0.45	1.11	0.45	1.11	0.45	1.11	2.36	XXX	
99394		N	Preventive visit, est, 12-17	+1.36	0.90	0.90	1.37	0.52	1.28	0.52	1.28	0.52	1.28	0.52	1.28	0.52	1.28	0.52	1.28	0.52	1.28	0.52	1.28	0.52	1.28	0.52	1.28	2.71	XXX	
99395		N	Preventive visit, est, 18-39	+1.36	0.92	0.92	1.25	0.52	1.21	0.52	1.21	0.52	1.21	0.52	1.21	0.52	1.21	0.52	1.21	0.52	1.21	0.52	1.21	0.52	1.21	0.52	1.21	2.63	XXX	
99396		N	Preventive visit, est, 40-64	+1.53	1.00	1.00	1.39	0.58	1.35	0.58	1.35	0.58	1.35	0.58	1.35	0.58	1.35	0.58	1.35	0.58	1.35	0.58	1.35	0.58	1.35	0.58	1.35	2.95	XXX	
99397		N	Preventive visit, est, 65&over	+1.71	1.08	1.08	1.54	0.91	1.50	0.91	1.50	0.91	1.50	0.91	1.50	0.91	1.50	0.91	1.50	0.91	1.50	0.91	1.50	0.91	1.50	0.91	1.50	3.29	XXX	
99401		N	Preventive counseling, indiv	+0.48	0.44	0.44	0.48	0.34	0.45	0.34	0.45	0.34	0.45	0.34	0.45	0.34	0.45	0.34	0.45	0.34	0.45	0.34	0.45	0.34	0.45	0.34	0.45	0.95	XXX	
99402		N	Preventive counseling, indiv	+0.98	0.66	0.66	0.89	0.54	0.86	0.54	0.86	0.54	0.86	0.54	0.86	0.54	0.86	0.54	0.86	0.54	0.86	0.54	0.86	0.54	0.86	0.54	0.86	1.88	XXX	
99403		N	Preventive counseling, indiv	+1.46	0.88	0.88	1.31	0.71	1.27	0.71	1.27	0.71	1.27	0.71	1.27	0.71	1.27	0.71	1.27	0.71	1.27	0.71	1.27	0.71	1.27	0.71	1.27	2.79	XXX	
99404		N	Preventive counseling, indiv	+1.95	1.08	1.08	1.72	0.90	1.67	0.90	1.67	0.90	1.67	0.90	1.67	0.90	1.67	0.90	1.67	0.90	1.67	0.90	1.67	0.90	1.67	0.90	1.67	3.71	XXX	
99411		N	Preventive counseling, group	+0.15	0.13	0.13	0.15	0.09	0.14	0.09	0.14	0.09	0.14	0.09	0.14	0.09	0.14	0.09	0.14	0.09	0.14	0.09	0.14	0.09	0.14	0.09	0.14	0.30	XXX	
99412		N	Preventive counseling, group	+0.25	0.19	0.19	0.24	0.13	0.22	0.13	0.22	0.13	0.22	0.13	0.22	0.13	0.22	0.13	0.22	0.13	0.22	0.13	0.22	0.13	0.22	0.13	0.22	0.48	XXX	
99420		N	Health risk assessment test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
99429		N	Unlisted preventive service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
99431		A	Initial care, normal newborn	1.17	NA	NA	NA	NA	0.57	1.13	0.57	1.13	0.57	1.13	0.57	1.13	0.57	1.13	0.57	1.13	0.57	1.13	0.57	1.13	0.57	1.13	0.57	1.13	2.36	XXX
99432		A	Newborn care not in hospital	1.26	0.90	0.90	1.29	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	2.48	XXX	
99433		A	Normal newborn care, hospital	0.62	NA	NA	NA	NA	0.23	0.58	0.23	0.58	0.23	0.58	0.23	0.58	0.23	0.58	0.23	0.58	0.23	0.58	0.23	0.58	0.23	0.58	0.23	0.58	1.23	XXX
99435		A	Hospital NB discharge day	1.50	NA	NA	NA	NA	0.57	1.40	0.57	1.40	0.57	1.40	0.57	1.40	0.57	1.40	0.57	1.40	0.57	1.40	0.57	1.40	0.57	1.40	0.57	1.40	2.98	XXX
99436		A	Attendance, birth	1.50	0.65	0.65	1.42	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	3.65	XXX	
99440		A	Newborn resuscitation	2.93	NA	NA	NA	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	6.54	XXX	

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**ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -**

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	Total	
99450		N	Life/disability evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99455		R	Disability examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99456		R	Disability examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99499		C	Unlisted E/M service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0021		I	Outside state ambulance serv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0030		X	Air ambulance service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0040		X	Helicopter ambulance service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0050		X	Water amb service emergency	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0080		I	Noninterest escort in non er	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0090		I	Interest escort in non er	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0100		I	Nonemergency transport taxi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0110		I	Nonemergency transport bus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0120		I	Noner transport mini-bus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0130		I	Noner transport wheelch van	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0140		I	Nonemergency transport air	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0160		I	Noner transport case worker	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0170		I	Noner transport parking fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0180		I	Noner transport lodging recip	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0190		I	Noner transport meals recip	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0200		I	Noner transport lodging escort	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0210		I	Noner transport meals escort	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0225		X	Neonatal emergency transport	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0300		X	Ambulance basic non-emer all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0302		X	Ambulance basic emergency all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0304		X	Amb adv non-er no serv all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0306		X	Amb adv non-er spec serv all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0308		X	Amb adv er no spec serv all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0310		X	Amb adv er spec serv all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0320		X	Amb basic non-er + supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0322		X	Amb basic emerg + supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0324		X	Adv non-er serv sep mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0326		X	Adv non-er no serv sep mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0328		X	Adv er no serv sep mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0330		X	Adv er spec serv sep mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0340		X	Amb basic non-er + mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0342		X	Ambul basic emer + mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0344		X	Amb adv non-er no serv +mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0346		X	Amb adv non-er serv + mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0348		X	Adv emer no spec serv + mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0350		X	Adv emer spec serv + mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	
A0360		X	Basic non-er sep mile & supp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0362		X	Basic emer sep mile & supply	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0364		X	Adv non-er no serv sep mi&su	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0366		X	Adv non-er serv sep mi&supp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0368		X	Adv er no serv sep mile&supp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0370		X	Adv er spec serv sep mi&supp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0380		X	Basic life support mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0382		X	Basic support routine supplis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0384		X	Blis defibrillation supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0390		X	Advanced life support mileag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0392		X	Als defibrillation supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0394		X	Als IV drug therapy supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0396		X	Als esophageal intub supplis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0398		X	Als routine disposable supplis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0420		X	Ambulance waiting 1/2 hr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0422		X	Ambulance 02 life sustaining	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0424		X	Extra ambulance attendant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0888		N	Noncovered ambulance mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0999		X	Unlisted ambulance service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4206		I	1 CC sterile syringe&needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4207		I	2 CC sterile syringe&needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4208		I	3 CC sterile syringe&needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4209		I	5+ CC sterile syringe&needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4210		N	Nonneedle injection device	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4211		P	Supp for self-adm injections	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4212		P	Non coring needle or stylet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4213		I	20+ CC syringe only	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4214		P	30 CC sterile water/saline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4215		I	Sterile needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4220		P	Infusion pump refill kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4221		X	Maint drug infus cath per wk	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4222		X	Drug infusion pump supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4230		N	Infus insulin pump non needl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4231		N	Infusion insulin pump needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4232		N	Syringe w/needle insulin 3cc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4244		I	Alcohol or peroxide per pint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4245		I	Alcohol wipes per box	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4246		I	Betadine/phisohex solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4247		I	Betadine/iodine swabs/wipes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4250		N	Urine reagent strips/tablets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs		expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	
A4253		P	Blood glucose/reagent strips	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4254		X	Battery for glucose monitor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4255		X	Glucose monitor platforms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4256		P	Calibrator solution/chips	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4258		P	Lancet device each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4259		P	Lancets per box	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4260		N	Levonorgestrel implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4261		N	Cervical cap contraceptive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4262		B	Temporary tear duct plug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4263		A	Permanent tear duct plug	0.00	0.00	0.00	0.77	0.00	0.00	0.00	0.77	0.00	0.00	0.00	0.00	0.77	0.00	0.00	0.00	0.77	0.00	XXX
A4265		P	Paraffin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4270		B	Disposable endoscope sheath	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4300		A	Cath impl vasc access portal	0.00	0.00	0.00	0.77	0.00	0.00	0.00	0.77	0.00	0.00	0.00	0.00	0.77	0.00	0.00	0.00	0.77	0.00	XXX
A4301		P	Implantable access syst perc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4305		P	Drug delivery system >=50 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4306		P	Drug delivery system <=5 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4310		P	Insert tray w/o bag/cath	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4311		P	Catheter w/o bag 2-way latex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4312		P	Cath w/o bag 2-way silicone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4313		P	Catheter w/bag 3-way	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4314		P	Cath w/drainage 2-way latex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4315		P	Cath w/drainage 2-way silicone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4316		P	Cath w/drainage 3-way	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4320		P	Irrigation tray	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4321		X	Cath therapeutic irrig agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4322		P	Irrigation syringe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4323		P	Saline irrigation solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4326		P	Male external catheter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4327		P	Fem urinary collect dev cup	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4328		P	Fem urinary collect pouch	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4329		P	External catheter start set	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4330		P	Stool collection pouch	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4335		P	Incontinence supply	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4338		P	Indwelling catheter latex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4340		P	Indwelling catheter special	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4344		P	Cath indw foley 2 way silicon	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4346		P	Cath indw foley 3 way	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4347		P	Male external catheter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4351		P	Straight tip urine catheter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4352		P	Coude tip urinary catheter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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3 \*indicates RVUs are not used for Medicare payment.



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Mal- practice RVUs		Non- facility Total		Transitioned Facility Total		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	RVUs	RVUs	Total	Total	Total	Total	
A4353	X		Intermittent urinary cath	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4354	P		Cath insertion tray w/bag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4355	P		Bladder irrigation tubing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4356	P		Ext ureth clamp or compr dvc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4357	P		Bedside drainage bag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4358	P		Urinary leg bag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4359	P		Urinary suspensory w/o leg b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4361	P		Ostomy face plate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4362	P		Solid skin barrier	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4363	P		Liquid skin barrier	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4364	P		Ostomy/cath adhesive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4365	X		Ostomy adhesive remover wipe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4367	P		Ostomy belt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4368	X		Ostomy filter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4397	P		Irrigation supply sleeve	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4398	P		Ostomy irrigation bag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4399	P		Ostomy irrig cone/cath w brs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4400	P		Ostomy irrigation set	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4402	P		Lubricant per ounce	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4404	P		Ostomy ring each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4421	P		Ostomy supply misc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4454	P		Tape all types all sizes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4455	P		Adhesive remover per ounce	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4460	P		Elastic compression bandage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4462	X		Abdmnl drssng holder/binder	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4465	P		Non-elastic extremity binder	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4470	P		Gravlee jet washer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4480	P		Vabra aspirator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4481	X		Tracheostoma filter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4483	X		Moisture exchanger	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4490	N		Above knee surgical stocking	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4495	N		Thigh length surg stocking	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4500	N		Below knee surgical stocking	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4510	N		Full length surg stocking	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4550	A		Surgical trays	0.00	0.00	0.00	0.77	0.00	0.00	0.77	0.00	0.00	0.00	0.00	0.00	0.77	XXX
A4554	N		Disposable underpads	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4556	P		Electrodes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4557	P		Lead wires	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4558	P		Conductive paste or gel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4560	X		Pessary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice		Non- facility		Facility		Transitioned Facility		Global
					RVUs	expense	RVUs	practice expense	RVUs	practice expense	RVUs	practice expense	RVUs	practice expense	RVUs	practice expense	RVUs	practice expense	RVUs	practice expense	
A4565		X	Slings	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4570		X	Splint	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4572		X	Rib belt	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4575		N	Hyperbaric o2 chamber disps	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4580		X	Cast supplies (plaster)	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4590		X	Special casting material	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4595		X	TENS suppl 2 lead per month	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4611		X	Heavy duty battery	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4612		X	Battery cables	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4613		X	Battery charger	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4614		X	Hand-held PEFR meter	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4615		X	Cannula nasal	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4616		X	Tubing (oxygen) per foot	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4617		X	Mouth piece	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4618		X	Breathing circuits	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4619		X	Face tent	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4620		X	Variable concentration mask	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4621		X	Tracheotomy mask or collar	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4622		X	Tracheostomy or laryngectomy	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4623		X	Tracheostomy inner cannula	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4624		X	Tracheal suction tube	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4625		X	Trach care kit for new trach	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4626		X	Tracheostomy cleaning brush	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4627		N	Spacer bag/reservoir	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4628		X	Oropharyngeal suction cath	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4629		X	Tracheostomy care kit	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4630		X	Repl bat t.e.n.s. own by pt	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4631		X	Wheelchair battery	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4635		X	Underarm crutch pad	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4636		X	Handgrip for cane etc	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4637		X	Repl tip cane/crutch/walker	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4640		X	Alternating pressure pad	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4641		E	Diagnostic imaging agent	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4642		E	Satumomab pendetide per dose	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4643		E	High dose contrast MRI	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4644		E	Contrast 100-199 MGs iodine	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4645		E	Contrast 200-299 MGs iodine	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4646		E	Contrast 300-399 MGs iodine	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4647		B	Supp- paramagnetic contr mat	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A4649		P	Surgical supplies	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX

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3 +indicates RVUs are not used for Medicare payment.



CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	practice expense RVUs	practice expense RVUs	mar- practice RVUs	Non- facility Total	Facility Total	Transitioned Facility Total	Global
A4650	X		Supp esrd centrifuge	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4655	X		Esrđ syringe/needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4660	X		Esrđ blood pressure device	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4663	X		Esrđ blood pressure cuff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4670	N		Auto blood pressure monitor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4680	X		Activated carbon filters	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4690	X		Dialyzers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4700	X		Standard dialysate solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4705	X		Bicarb dialysate solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4712	X		Sterile water	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4714	X		Treated water for dialysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4730	X		Fistula cannulation set dial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4735	X		Local/topical anesthetics	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4740	X		Esrđ shunt accessory	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4750	X		Arterial or venous tubing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4755	X		Arterial and venous tubing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4760	X		Standard testing solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4765	X		Dialysate concentrate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4770	X		Blood testing supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4771	X		Blood clotting time tube	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4772	X		Dextrostick/glucose strips	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4773	X		Hemostix	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4774	X		Ammonia test paper	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4780	X		Esrđ sterilizing agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4790	X		Esrđ cleansing agents	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4800	X		Heparin/antidote dialysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4820	X		Supplies hemodialysis kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4850	X		Rubber tipped hemostats	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4860	X		Disposable catheter caps	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4870	X		Plumbing/electrical work	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4880	X		Water storage tanks	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4890	R		Contracts/repair/maintenance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4900	X		Capd supply kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4901	X		Ccpd supply kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4905	X		Ipd supply kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4910	X		Esrđ nonmedical supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4912	X		Gomco drain bottle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4913	X		Esrđ supply	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4914	X		Preparation kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4918	X										

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Facility		Facility Total		Transitioned Facility Total		Global
					expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	RVUs	RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	RVUs	RVUs	RVUs	RVUs	
A4919	X		Supp dialysis dialyzer holde	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4920	X		Harvard pressure clamp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4921	X		Measuring cylinder	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4927	X		Gloves	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5051	P		Pouch clisd w barr attached	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5052	P		Clsd ostomy pouch w/o barr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5053	P		Clsd ostomy pouch faceplate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5054	P		Clsd ostomy pouch w/flange	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5055	P		Stoma cap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5061	P		Pouch drainable w barrier at	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5062	P		Drnble ostomy pouch w/o barr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5063	P		Drain ostomy pouch w/flange	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5064	I		Drain ostomy pouch w/faceplate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5065	I		Drain ostomy pouch on fcplate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5071	P		Urinary pouch w/barrier	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5072	P		Urinary pouch w/o barrier	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5073	P		Urinary pouch on barr w/flng	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5074	I		Urinary pouch w/faceplate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5075	I		Urinary pouch on faceplate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5081	P		Continent stoma plug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5082	P		Continent stoma catheter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5093	P		Ostomy accessory convex inse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5102	P		Bedside drain btl w/wo tube	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5105	P		Urinary suspensory	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5112	P		Urinary leg bag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5113	P		Latex leg strap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5114	P		Foam/fabric leg strap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5119	P		Skin barrier wipes box pr 50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5121	P		Solid skin barrier 6x6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5122	P		Solid skin barrier 8x8	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5123	P		Skin barrier with flange	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5126	P		Adhesive disc/foam pad	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5131	P		Appliance cleaner	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5149	P		Incontinence/ostomy supply	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5200	X		Percutaneous catheter anchor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5500	X		Diab shoe for density insert	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5501	X		Diabetic custom molded shoe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5502	X		Diabetic shoe density insert	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5503	X		Diabetic shoe w/roller/rockr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5504	X		Diabetic shoe with wedge	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					RVUs	expense	RVUs	expense	RVUs	practice	RVUs	expense	RVUs	practice	RVUs	expense	RVUs	practice	RVUs	expense	RVUs	practice	
A5505		X	Diab shoe w/metatarsal bar	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A5506		X	Diabetic shoe w/off set heel	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A5507		X	Modification diabetic shoe	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6020		P	Collagen wound dressing	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6025		I	Silicone gel sheet, each	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6154		P	Wound pouch each	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6196		P	Alginat dressing <=16 sq in	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6197		P	Alginat drsg >16 <=48 sq in	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6198		P	alginat dressing > 48 sq in	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6199		P	Alginat drsg wound filler	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6200		X	Compos drsg <=16 no border	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6201		X	Compos drsg >16<=48 no bdr	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6202		X	Compos drsg >48 no border	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6203		P	Composite drsg <= 16 sq in	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6204		P	Composite drsg >16<=48 sq in	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6205		P	Composite drsg > 48 sq in	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6206		P	Contact layer <= 16 sq in	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6207		P	Contact layer >16<= 48 sq in	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6208		P	Contact layer > 48 sq in	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6209		P	Foam drsg <=16 sq in w/o bdr	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6210		P	Foam drg >16<=48 sq in w/o b	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6211		P	Foam drg > 48 sq in w/o bdr	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6212		P	Foam drg <=16 sq in w/border	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6213		P	Foam drg >16<=48 sq in w/bdr	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6214		P	Foam drg > 48 sq in w/border	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6215		P	Foam dressing wound filler	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6216		P	Non-sterile gauze<=16 sq in	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6217		P	Non-sterile gauze>16<=48 sq	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6218		P	Non-sterile gauze > 48 sq in	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6219		P	Gauze <= 16 sq in w/border	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6220		P	Gauze >16 <=48 sq in w/bdr	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6221		P	Gauze > 48 sq in w/border	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6222		P	Gauze <=16 in no w/sal w/o b	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6223		P	Gauze >16<=48 no w/sal w/o b	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6224		P	Gauze > 48 in no w/sal w/o b	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6228		P	Gauze <= 16 sq in water/sal	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6229		P	Gauze >16<=48 sq in watr/sal	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6230		P	Gauze > 48 sq in water/saline	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6234		P	Hydrocolld drg <=16 w/o bdr	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX
A6235		P	Hydrocolld drg >16<=48 w/o b	0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		XXX

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CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	physician work <sup>3</sup> RVUs	practice expense RVUs	practice income RVUs	practice net RVUs	non- facility Total	non- facility Total	Facility Total	transmission Facility Total	Global
A6236	P		Hydrocolld drg > 48 in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6237	P		Hydrocolld drg <=16 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6238	P		Hydrocolld drg >16<=48 w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6239	P		Hydrocolld drg > 48 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6240	P		Hydrocolld drg filler paste	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6241	P		Hydrocolloid drg filler dry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6242	P		Hydrogel drg <=16 in w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6243	P		Hydrogel drg >16<=48 w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6244	P		Hydrogel drg >48 in w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6245	P		Hydrogel drg <= 16 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6246	P		Hydrogel drg >16<=48 in w/b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6247	P		Hydrogel drg > 48 sq in w/b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6248	P		Hydrogel drsg gel filler	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6250	P		Skin seal protect moisturizr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6251	P		Absorpt drg <=16 sq in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6252	P		Absorpt drg >16 <=48 w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6253	P		Absorpt drg > 48 sq in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6254	P		Absorpt drg <=16 sq in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6255	P		Absorpt drg >16<=48 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6256	P		Absorpt drg > 48 sq in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6257	P		Transparent film <= 16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6258	P		Transparent film >16<=48 in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6259	P		Transparent film > 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6260	P		Wound cleanser any type/size	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6261	P		Wound filler gel/paste /oz	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6262	P		Wound filler dry form / gram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6263	P		Non-sterile elastic gauze/yd	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6264	P		Non-sterile no elastic gauze	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6265	P		Tape per 18 sq inches	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6266	P		Impreg gauze no h20/sal/yard	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6402	P		Sterile gauze <= 16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6403	P		Sterile gauze>16 <= 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6404	P		Sterile gauze > 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6405	P		Sterile elastic gauze /yd	0.								

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Mal- practice RVUs		Transitioned Non- facility		Transitioned Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	RVUs	RVUs	practice expense RVUs	Total	practice expense RVUs	Total	
A9300	N		Exercise equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9500	E		Technetium TC 99m sestamibi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9502	X		Technetium TC99M tetrofosmin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9503	E		Technetium TC 99m medronate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9505	E		Thallous chloride TL 201/mci	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9507	X		Indium/111 capromab pendetid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9600	X		Strontium-89 chloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9605	X		Samarium sm153 lexidronamm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0120	N		Periodic oral evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0140	N		Limit oral eval probfm focus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0150	R		Comprehensive oral evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0160	N		Extensv oral eval prob focus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0210	I		Intraor complete film series	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0220	I		Intraoral periapical first f	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0230	I		Intraoral periapical ea add	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0240	R		Intraoral occlusal film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0250	R		Extraoral first film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0260	R		Extraoral ea additional film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0270	R		Dental bitewing single film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0272	R		Dental bitewings two films	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0274	R		Dental bitewings four films	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0290	I		Dental film skull/facial bon	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0310	I		Dental sallography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0320	I		Dental tmj arthrogram incl i	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0321	I		Dental other tmj films	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0322	I		Dental tomographic survey	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0330	I		Dental panoramic film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0340	I		Dental cephalometric film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0415	N		Bacteriologic study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0425	N		Caries susceptibility test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0460	R		Pulp vitality test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0470	N		Diagnostic casts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0471	R		Diagnostic photographs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0501	R		Histopathologic examinations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0502	R		Other oral pathology procedu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0999	R		Unspecified diagnostic proce	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1110	N		Dental prophylaxis adult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1120	N		Dental prophylaxis child	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1201	N		Topical fluor w prophy child	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1203	N		Topical fluor w/o prophy chi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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CPT / HCPCS <sup>2</sup>	Mod	Status	Description	physician work <sup>3</sup>	practice expense	practice RVUs	na. practice expense	na. RVUs	non-facility Total	non-facility Total	Facility Total	transmission Facility Total	Global
D1204	N		Topical fluor w/o prophyl adu	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D1205	N		Topical fluoride w/ prophyl a	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D1310	N		Nutri counsel-control caries	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D1320	N		Tobacco counseling	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D1330	N		Oral hygiene instruction	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D1351	N		Dental sealant per tooth	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D1510	R		Space maintainer fxd unilat	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	YYY
D1515	R		Fixed bilat space maintainer	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	YYY
D1520	R		Remove unilat space maintain	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	YYY
D1525	R		Remove bilat space maintain	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	YYY
D1550	R		Recement space maintainer	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	YYY
D2110	N		Amalgam one surface primary	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D2120	N		Amalgam two surfaces primary	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D2130	N		Amalgam three surfaces prima	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D2131	N		Amalgam four/more surf prima	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D2140	N		Amalgam one surface permanen	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D2150	N		Amalgam two surfaces permane	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D2160	N		Amalgam three surfaces perma	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D2161	N		Amalgam 4 or > surfaces perm	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D2210	N		Silicate cement per restorat	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D2330	N		Resin one surface-anterior	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D2331	N		Resin two surfaces-anterior	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D2332	N		Resin three surfaces-anterio	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D2335	N		Resin 4/> surf or w incis an	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D2336	N		Composite resin crown	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D2380	N		Resin one surf poster primar	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D2381	N		Resin two surf poster primar	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D2382	N		Resin three/more surf post p	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D2385	N		Resin one surf poster perman	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D2386	N		Resin two surf poster perman	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D2387	N		Resin three/more surf post p	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D2410	N		Dental gold foil one surface	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D2420	N		Dental gold foil two surface	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D2430	N		Dental gold foil three surfa	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D2510	N		Dental inlay metallic 1 surf	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	XXX
D2520	N		Dental inlay metallic 2 surf	RVUs	RVUs	RVUs	RVUs	RVUs	0.00	0.00	0.00	0.00	

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3 +Indicates RVUs are not used for Medicare payment.







# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Non- facility		Facility		Transitioned Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	
D2999	R		Dental unspec restorative pr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D3110	N		Pulp cap direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3120	N		Pulp cap indirect	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3220	N		Therapeutic pulpotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3230	N		Pulpal therapy anterior prim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3240	N		Pulpal therapy posterior pri	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3310	N		Anterior	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3320	N		Root canal therapy 2 canals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3330	N		Root canal therapy 3 canals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3346	N		Retreat root canal anterior	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3347	N		Retreat root canal bicuspid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3348	N		Retreat root canal molar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3351	N		Apexification/recalc initial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3352	N		Apexification/recalc interim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3353	N		Apexification/recalc final	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3410	N		Apicoect/perirad surg anter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3421	N		Root surgery bicuspid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3425	N		Root surgery molar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3426	N		Root surgery ea add root	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3430	N		Retrograde filling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3450	N		Root amputation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3460	R		Endodontic endosseous implan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D3470	N		Intentional replantation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3910	N		Isolation- tooth w rubb dam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3920	N		Tooth splitting	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3950	N		Canal prep/fitting of dowel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3960	N		Bleaching of discolored toot	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3999	R		Endodontic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4210	I		Gingivectomy/plasty per quad	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4211	I		Gingivectomy/plasty per toot	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4220	N		Gingival curettage per quadr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4240	N		Gingival flap proc w/ planin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4249	N		Crown lengthen hard tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4250	R		Mucogingival surg per quadra	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4260	R		Osseous surgery per quadrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4263	R		Bone reploe graft first site	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4264	R		Bone reploe graft each add	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4266	N		Guided tiss regen resorbile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4267	N		Guided tiss regen nonresorb	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4270	R		Pedicle soft tissue graft pr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2/</sup>	Mod	Status	Description	Physician work <sup>3/</sup> RVUs	Non- facility		Transitioned Non-facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Facility		Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	Total	Total	
D4271	R		Free soft tissue graft proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4273	R		Subepithelial tissue graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4274	N		Distal/proximal wedge proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4320	N		Provision splint intracoronal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4321	N		Provisional splint extracoro	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4341	N		Periodontal scaling & root	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4355	R		Full mouth debridement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4381	R		Localized chemo delivery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4910	N		Periodontal maint procedures	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4920	N		Unscheduled dressing change	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4999	N		Unspecified periodontal proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5110	N		Dentures complete maxillary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5120	N		Dentures complete mandible	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5130	N		Dentures immediat maxillary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5140	N		Dentures immediat mandible	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5211	N		Dentures maxill part resin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5212	N		Dentures mand part resin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5213	N		Dentures maxill part metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5214	N		Dentures mandibl part metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5281	N		Removable partial denture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5410	N		Dentures adjust cmplt maxil	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5411	N		Dentures adjust cmplt mand	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5421	N		Dentures adjust part maxill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5422	N		Dentures adjust part mandibl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5510	N		Dentur repr broken cmplt bas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5520	N		Replace denture teeth cmplt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5610	N		Dentures repair resin base	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5620	N		Rep part denture cast frame	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5630	N		Rep partial denture clasp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5640	N		Replace part denture teeth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5650	N		Add tooth to partial denture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5660	N		Add clasp to partial denture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5710	N		Dentures rebase cmplt maxil	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5711	N		Dentures rebase cmplt mand	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5720	N		Dentures rebase part maxill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5721	N		Dentures rebase part mandibl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5730	N		Denture reln cmplt maxil ch	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5731	N		Denture reln cmplt mand chr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5740	N		Denture reln part maxil chr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5741	N		Denture reln part mand chr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice RVUs		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	
D5750	N		Denture rein cmplt max lab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5751	N		Denture rein cmplt mand lab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5760	N		Denture rein part maxil lab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5761	N		Denture rein part mand lab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5810	N		Denture intern cmplt maxill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5811	N		Denture intern cmplt mandbl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5820	N		Denture intern part maxill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5821	N		Denture intern part mandbl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5850	N		Denture tiss conditn maxill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5851	N		Denture tiss conditn mandbl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5860	N		Overdenture complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5861	N		Overdenture partial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5862	N		Precision attachment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5899	N		Removable prosthodontic proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5911	R		Facial moulage sectional	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5912	R		Facial moulage complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5913	I		Nasal prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5914	I		Auricular prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5915	I		Orbital prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5916	I		Ocular prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5919	I		Facial prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5922	I		Nasal septal prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5923	I		Ocular prosthesis interim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5924	I		Cranial prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5925	I		Facial augmentation implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5926	I		Replacement nasal prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5927	I		Auricular replacement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5928	I		Orbital replacement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5929	I		Facial replacement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5931	I		Surgical obturator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5932	I		Postsurgical obturator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5933	I		Refitting of obturator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5934	I		Mandibular flange prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5935	I		Mandibular denture prosth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5936	I		Temp obturator prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5937	I		Trismus appliance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5951	R		Feeding aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5952	I		Pediatric speech aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5953	I		Adult speech aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5954	I		Superimposed prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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3 \*Indicates RVUs are not used for Medicare payment.



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	
D5955	I		Palatal lift prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5958	I		Intraoral con def inter pit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5959	I		Intraoral con def mod palat	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5960	I		Modify speech aid prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5982	I		Surgical stent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5983	R		Radiation applicator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5984	R		Radiation shield	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5985	R		Radiation cone locator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5986	N		Fluoride applicator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5987	R		Commissure splint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5988	I		Surgical splint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5999	I		Maxillofacial prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6010	I		Odontics endosteal implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6020	I		Odontics abutment placement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6040	I		Odontics eposteal implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6050	I		Odontics transosteal implnt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6055	I		Implant connecting bar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6080	I		Implant maintenance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6090	I		Repair implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6095	I		Odontics repr abutment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6100	I		Removal of implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6199	I		Implant procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6210	N		Prosthodont high noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6211	N		Bridge base metal cast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6212	N		Bridge noble metal cast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6240	N		Bridge porcelain high noble	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6241	N		Bridge porcelain base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6242	N		Bridge porcelain nobel metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6250	N		Bridge resin w/high noble	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6251	N		Bridge resin base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6252	N		Bridge resin w/noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6520	N		Dental retainer two surfaces	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6530	N		Retainer metallic 3+ surface	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6543	N		Dental retainr onlay 3 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6544	N		Dental retainr onlay 4/more	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6545	N		Dental retainr cast metl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6720	N		Retain crown resin w hi noble	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6721	N		Crown resin w/base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6722	N		Crown resin w/noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6750	N		Crown porcelain high noble	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitional Non-facility		Facility		Transitional Facility		Mal- practice		Non- facility		Facility		Transitional Facility		Global	
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	Total	Total
D6751	N		Crown porcelain base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6752	N		Crown porcelain noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6780	N		Crown 3/4 high noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6790	N		Crown full high noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6791	N		Crown full base metal cast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6792	N		Crown full noble metal cast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6920	R		Dental connector bar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D6930	N		Dental recement bridge	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6940	N		Stress breaker	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6950	N		Precision attachment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6970	N		Post & core plus retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6971	N		Cast post bridge retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6972	N		Prefab post & core plus retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6973	N		Core build up for retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6975	N		Coping metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6980	N		Bridge repair	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6999	N		Fixed prosthodontic proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7110	R		Oral surgery single tooth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7120	R		Each add tooth extraction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7130	R		Tooth root removal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7210	R		Rem imp tooth w mucoper flap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7220	R		Impact tooth remov soft tiss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7230	R		Impact tooth remov part bony	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7240	R		Impact tooth remov comp bony	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7241	R		Impact tooth rem bony w/comp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7250	R		Tooth root removal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7260	R		Oral antral fistula closure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7270	N		Tooth reimplantation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7272	N		Tooth transplantation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7280	N		Exposure impact tooth orthod	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7281	N		Exposure tooth aid eruption	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7285	I		Biopsy of oral tissue hard	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7286	I		Biopsy of oral tissue soft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7290	N		Repositioning of teeth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7291	R		Transseptal fibrotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7310	I		Alveoplasty w/ extraction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7320	I		Alveoplasty w/o extraction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7340	I		Vestibuloplasty ridge extens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7350	I		Vestibuloplasty exten graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7410	I		Rad exc lesion up to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup>			Non-facility			Transitioned Non-facility			Facility			Transitioned Facility			Global
				RVUs	RVUs	RVUs	practice expense	RVUs	RVUs	practice expense	RVUs	RVUs	practice expense	RVUs	RVUs	practice expense	RVUs	RVUs	
D7420	I		Lesion > 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7430	I		Exc benign tumor to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7431	I		Benign tumor exc > 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7440	I		Malignant tumor exc to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7441	I		Malignant tumor > 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7450	I		Rem odontogen cyst to 1.25cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7451	I		Rem odontogen cyst > 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7460	I		Rem nonodontogen cyst to 1.25cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7461	I		Rem nonodontogen cyst > 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7465	I		Lesion destruction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7470	I		Rem exostosis maxilla/mandib	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7480	I		Partial osteotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7490	I		Mandible resection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7510	I		I&d abscess intraoral soft tiss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7520	I		I&d abscess extraoral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7530	I		Removal of skin/areolar tiss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7540	I		Removal of fb reaction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7550	I		Removal of sloughed off bone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7560	I		Maxillary sinusotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7610	I		Maxilla open reduct simple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7620	I		Clsd reduct simpl maxilla fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7630	I		Open red simpl mandible fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7640	I		Clsd red simpl mandible fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7650	I		Open red simpl malar/zygom fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7660	I		Clsd red simpl malar/zygom fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7670	I		Open red simple alveolus fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7680	I		Reduct simple facial bone fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7710	I		Maxilla open reduct compound	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7720	I		Clsd reduct compd maxilla fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7730	I		Open reduct compd mandible fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7740	I		Clsd reduct compd mandible fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7750	I		Open red comp malar/zygma fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7760	I		Clsd red comp malar/zygma fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7770	I		Open reduct compd alveolus fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7780	I		Reduct compnd facial bone fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7810	I		Tmj open reduct-dislocation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7820	I		Closed tmj manipulation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7830	I		Tmj manipulation under anest	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7840	I		Removal of tmj condyle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7850	I		Tmj meniscectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal- practice RVUs	Non- facility Total	Transitioned non- facility Total	Facility Total	Transitioned Facility Total	Global
D7852	I	Tmj repair of joint disc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7854	I	Tmj excision of joint membrane	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7856	I	Tmj cutting of a muscle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7858	I	Tmj reconstruction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7860	I	Tmj cutting into joint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7865	I	Tmj reshaping components	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7870	I	Tmj aspiration joint fluid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7872	I	Tmj arthroscopic arthroscopy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7873	I	Tmj arthroscopy lysis adhesn	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7874	I	Tmj arthroscopy disc reposit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7875	I	Tmj arthroscopy synovectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7876	I	Tmj arthroscopy discectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7877	I	Tmj arthroscopy debridement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7880	I	Occlusal orthotic appliance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7899	I	Tmj unspecified therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7910	I	Dent suture recent wnd to 5cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7911	I	Dental suture wound to 5 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7912	I	SUTURE complicate wnd > 5 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7920	I	Dental skin graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7940	R	Reshaping bone orthognathic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7941	I	Bone cutting ramus closed	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7942	I	Bone cutting ramus open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7943	I	Cutting ramus open w/graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7944	I	Bone cutting segmented	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7945	I	Bone cutting body mandible	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7946	I	Reconstruction maxilla total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7947	I	Reconstruct maxilla segment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7948	I	Reconstruct midface no graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7949	I	Reconstruct midface w/graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7950	I	Mandible graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7955	I	Repair maxillofacial defects	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7960	I	Frenulectomy/frenulotomy</											

33 +Indicates RVUs are not used for Medicare payment.



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non-facility		Facility		Transitioned Non-facility		Transitioned Facility		Total		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	
D7995	I		Synthetic graft facial bones	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7996	I		Implant mandible for augment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7999	I		Oral surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8010	N		Limited dental tx primary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8020	N		Limited dental tx transition	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8030	N		Limited dental tx adolescent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8040	N		Limited dental tx adult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8050	N		Intercep dental tx primary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8060	N		Intercep dental tx transiti	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8070	N		Compre dental tx transition	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8080	N		Compre dental tx adolescent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8090	N		Compre dental tx adult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8210	N		Orthodontic rem appliance tx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8220	N		Fixed appliance therapy hab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8660	N		Preorthodontic tx visit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8670	N		Periodic orthodontic tx visit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8680	N		Orthodontic retention	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8690	N		Orthodontic treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8999	N		Orthodontic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9110	R		Tx dental pain minor proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9210	I		Dent anesthesia w/o surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9211	I		Regional block anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9212	I		Trigeminal block anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9215	I		Local anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9220	I		General anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9221	I		General anesthesia ea ad 15m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9230	R		Analgesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9240	I		Intravenous sedation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9310	I		Dental consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9410	I		Dental house call	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9420	I		Hospital call	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9430	I		Office visit during hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9440	I		Office visit after hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9610	I		Dent therapeutic drug inject	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9630	R		Other drugs/medicaments	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9910	N		Dent appl desensitizing med	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9920	N		Behavior management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9930	R		Treatment of complications	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9940	R		Dental occlusal guard	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9941	N		Fabrication athletic guard	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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3 \*Indicates RVUs are not used for Medicare payment.



# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Transitioned		Facility		Transitioned		Facility		Transitioned		Global	
					practice RVUs	expense RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal- practice RVUs	Non-facility Total	Non-facility Total	Facility Total	Facility Total					
D9950		R	Occlusion analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	
D9951		R	Limited occlusal adjustment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	
D9952		R	Complete occlusal adjustment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	
D9970		N	Enamel microabrasion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
D9999		I	Adjunctive procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
G0001		X	Drawing blood for specimen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
G0002		A	Temporary urinary catheter	0.50	2.86	7.72	7.88	1.29	0.17	7.72	7.88	0.61	0.02	3.38	1.81	8.75	1.13	000
G0004		A	ECG transm phys review & int	0.52	7.72	7.88	1.28	1.28	0.17	7.72	7.88	1.28	0.07	8.75	8.91	8.75	8.91	XXX
G0005		A	ECG 24 hour recording	0.00	1.29	1.28	1.28	1.29	0.19	1.29	1.28	0.37	0.04	1.36	1.35	1.36	1.35	XXX
G0006		A	ECG transmission & analysis	0.00	6.24	6.23	6.23	6.24	0.19	6.24	6.23	0.37	0.04	6.64	6.63	6.64	6.63	XXX
G0007		A	ECG phy review & interpret	0.52	0.19	0.37	0.37	0.19	0.00	0.19	0.37	0.00	0.00	0.75	0.93	0.75	0.93	XXX
G0008		X	Admin influenza virus vac	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0009		X	Admin pneumococcal vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0010		X	Admin hepatitis b vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0015		A	Post symptom ECG tracing	0.00	6.24	6.23	6.23	6.24	0.19	6.24	6.23	0.37	0.04	6.64	6.63	6.64	6.63	XXX
G0016		A	Post symptom ECG md review	0.52	0.24	0.38	0.38	0.24	0.00	0.38	0.24	0.00	0.00	0.80	0.94	0.80	0.94	XXX
G0025		A	Collagen skin test kit	0.00	0.00	0.77	0.77	0.00	0.00	0.00	0.77	0.00	0.00	0.00	0.77	0.00	0.77	XXX
G0026		X	Fecal leukocyte examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0027		X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0030		C	PET imaging prev PET single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0030	26	A	PET imaging prev PET single	1.50	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	2.07	XXX
G0030	TC	C	PET imaging prev PET single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0031		C	PET imaging prev PET multiple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0031	26	A	PET imaging prev PET multiple	1.87	0.70	0.71	0.71	0.70	0.00	0.70	0.71	0.08	2.65	2.65	2.66	2.65	2.66	XXX
G0031	TC	C	PET imaging prev PET multiple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0032		C	PET follow SPECT 78464 singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0032	26	A	PET follow SPECT 78464 singl	1.50	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	2.07	XXX
G0032	TC	C	PET follow SPECT 78464 singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0033		C	PET follow SPECT 78464 mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0033	26	A	PET follow SPECT 78464 mult	1.87	0.70	0.71	0.71	0.70	0.00	0.70	0.71	0.08	2.65	2.65	2.66	2.65	2.66	XXX
G0033	TC	C	PET follow SPECT 78464 mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0034		C	PET follow SPECT 76865 singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0034	26	A	PET follow SPECT 76865 singl	1.50	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	2.07	XXX
G0034	TC	C	PET follow SPECT 76865 singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0035		C	PET follow SPECT 78465 mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0035	26	A	PET follow SPECT 78465 mult	1.87	0.70	0.71	0.71	0.70	0.00	0.70	0.71	0.08	2.65	2.65	2.66	2.65	2.66	XXX
G0035	TC	C	PET follow SPECT 78465 mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0036		C	PET follow corny angio sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0036	26	A	PET follow corny angio sing	1.50	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	2.07	XXX
G0036	TC	C	PET follow corny angio sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non-facility			Transitioned Non-facility			Facility			Transitioned Facility			Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
G0107		X	CA screen; fecal blood test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0108		A	Diab manage tm per indiv	0.00	1.64	1.64	1.64	1.64	1.64	1.64	1.64	1.64	1.64	1.64	1.64	1.64	XXX
G0109		A	Diab manage tm ind/group	0.00	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	XXX
G0110		R	Nett pulm-rehab educ; ind	0.90	0.70	0.39	0.39	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	XXX
G0111		R	Nett pulm-rehab educ; group	0.27	0.26	0.23	0.23	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	XXX
G0112		R	Nett;nutrition guid, initial	1.72	1.35	1.13	1.13	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	XXX
G0113		R	Nett;nutrition guid,subseqnt	1.29	1.15	0.92	0.92	0.73	0.73	0.81	0.81	0.81	0.81	0.81	0.81	0.81	XXX
G0114		R	Nett; psychosocial consult	1.20	0.54	0.42	0.42	0.45	0.45	0.40	0.40	0.40	0.40	0.40	0.40	0.40	XXX
G0115		R	Nett; psychological testing	1.20	0.61	0.44	0.44	0.45	0.45	0.40	0.40	0.40	0.40	0.40	0.40	0.40	XXX
G0116		R	Nett; psychosocial counsel	1.11	0.67	0.45	0.45	0.60	0.60	0.44	0.44	0.44	0.44	0.44	0.44	0.44	XXX
G0120		A	Colon ca scm; barium enema	0.99	2.68	2.77	2.77	2.68	2.68	2.77	2.77	2.77	2.77	2.77	2.77	2.77	XXX
G0120	26	A	Colon ca scm; barium enema	0.99	0.37	0.46	0.46	0.37	0.37	0.46	0.46	0.46	0.46	0.46	0.46	0.46	XXX
G0120	TC	A	Colon ca scm; barium enema	0.00	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.31	XXX
G0121		N	Colon ca scm not hi risk ind	+3.70	5.65	4.77	4.77	1.95	1.95	3.80	3.80	3.80	3.80	3.80	3.80	3.80	XXX
G0122		N	Colon ca scm; barium enema	+0.99	2.68	2.77	2.77	2.68	2.68	2.77	2.77	2.77	2.77	2.77	2.77	2.77	XXX
G0122	26	N	Colon ca scm; barium enema	+0.99	0.37	0.46	0.46	0.37	0.37	0.46	0.46	0.46	0.46	0.46	0.46	0.46	XXX
G0122	TC	N	Colon ca scm; barium enema	+0.00	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.31	XXX
G0123		X	Screen cerv/vag thin layer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0124		A	Screen c/v thin layer by MD	0.42	0.15	0.30	0.30	0.15	0.15	0.30	0.30	0.30	0.30	0.30	0.30	0.30	XXX
G0124	26	H	Screen c/v thin layer by MD	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0125		A	Lung image (PET)	1.50	56.15	56.15	56.15	56.15	56.15	56.15	56.15	56.15	56.15	56.15	56.15	56.15	XXX
G0125	26	A	Lung image (PET)	1.50	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	XXX
G0125	TC	A	Lung image (PET)	0.00	55.63	55.63	55.63	55.63	55.63	55.63	55.63	55.63	55.63	55.63	55.63	55.63	XXX
G0126		A	Lung image (PET) staging	1.87	56.33	56.34	56.34	56.33	56.33	56.34	56.34	56.34	56.34	56.34	56.34	56.34	XXX
G0126	26	A	Lung image (PET) staging	1.87	0.70	0.71	0.71	0.70	0.70	0.71	0.71	0.71	0.71	0.71	0.71	0.71	XXX
G0126	TC	A	Lung image (PET) staging	0.00	55.63	55.63	55.63	55.63	55.63	55.63	55.63	55.63	55.63	55.63	55.63	55.63	XXX
G0127		R	Trim nail(s)	0.11	0.41	0.30	0.30	0.41	0.41	0.11	0.11	0.11	0.11	0.11	0.11	0.11	000
G0128		R	CORF skilled nursing service	0.08	0.18	0.18	0.18	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08	XXX
G0130		A	Single energy x-ray study	0.22	0.90	0.89	0.89	0.90	0.90	0.89	0.89	0.89	0.89	0.89	0.89	0.89	XXX
G0130	26	A	Single energy x-ray study	0.22	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	XXX
G0130	TC	A	Single energy x-ray study	0.00	0.79	0.78	0.78	0.79	0.79	0.78	0.78	0.78	0.78	0.78	0.78	0.78	XXX
G0131		A	CT scan, bone density study	0.25	3.18	3.18	3.18	3.18	3.18	3.18	3.18	3.18	3.18	3.18	3.18	3.18	XXX
G0131	26	A	CT scan, bone density study	0.25	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	XXX
G0131	TC	A	CT scan, bone density study	0.00	3.05	3.05	3.05	3.05	3.05	3.05	3.05	3.05	3.05	3.05	3.05	3.05	XXX
G0132		A	CT scan, bone density study	0.22	0.90	0.89	0.89	0.90	0.90	0.89	0.89	0.89	0.89	0.89	0.89	0.89	XXX
G0132	26	A	CT scan, bone density study	0.22	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	XXX
G0132	TC	A	CT scan, bone density study	0.00	0.79	0.78	0.78	0.79	0.79	0.78	0.78	0.78	0.78	0.78	0.78	0.78	XXX
G0133		D	Echo exam, bone density study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0133	26	D	Echo exam, bone density study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0133	TC	D	Echo exam, bone density study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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3 \*Indicates RVUs are not used for Medicare payment.



## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs 3	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
G0141		A	Scr c/v cyto, autosys and md	0.42	0.15	0.15	0.15	0.15	0.15	0.15	0.03	0.60	0.60	0.00	0.60	0.00	0.60	0.00	0.60	0.00	XXX
G0143		X	Scr c/v cyto, thinlayer, resc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0144		X	Scr c/v cyto, thinlayer, resc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0145		X	Scr c/v cyto, thinlayer, resc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0147		X	Scr c/v cyto, automated sys	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0148		X	Scr c/v cyto, autosys, resc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0120		E	Tetracyclin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0130		E	Abciximab injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0150		E	Injection adenosine 6 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0151		E	Adenosine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0170		E	Adrenalin epinephrin inject	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0190		E	Inj bipiden lactate/5 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0205		E	Alglucerase injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0207		E	Amifostine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0210		E	Methyldopate hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0256		E	Alpha 1 proteinase inhibitor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0270		E	Alprostadil for injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0275		E	Alprostadil urethral suppos	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0280		E	Aminophyllin 250 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0285		E	Amphotericin B	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0286		E	Amphotericin B lipid complex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0290		E	Ampicillin 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0295		E	Ampicillin sodium per 1.5 gm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0300		E	Amobarbital 125 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0330		E	Succinylcholine chloride inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0340		E	Nandrolon phenpropionate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0350		E	Injection anistreplase 30 u	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0360		E	Hydralazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0380		E	Inj metaraminol bitartrate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0390		E	Chloroquine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0395		E	Arbutamine HCl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0400		E	Inj trimethaphan camsylate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0460		E	Atropine sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0470		E	Dimecaprol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0475		E	Baclofen 10 MG injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0476		E	Baclofen intrathecal trial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0500		E	Dicyclomine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0510		E	Benzquinamide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0515		E	Inj benzotropine mesylate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0520		E	Bethanechol chloride inject	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup>		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
				RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	
J0530		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0540		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0550		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0560		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0570		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0580		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0585		E	Botulinum toxin a per unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0590		E	Ethylmeprobamate hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0600		E	Edetate calcium disodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0610		E	Calcium gluconate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0620		E	Calcium glycer & lact/10 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0630		E	Calcitonin salmon injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0635		E	Calcitriol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0640		E	Leucovorin calcium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0670		E	Inj mepivacaine HCL/10 ml	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0690		E	Cefazolin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0694		E	Cefoxitin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0695		E	Cefonocid sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0696		E	Ceftriaxone sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0697		E	Sterile cefuroxime injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0698		E	Cefotaxime sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0702		E	Betamethasone acet&sod phosp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0704		E	Betamethasone sod phosp/4 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0710		E	Cephapirin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0713		E	Inj ceftazidime per 500 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0715		E	Ceftizoxime sodium / 500 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0720		E	Chloramphenicol sodium injec	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0725		E	Chorionic gonadotropin/1000u	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0730		E	Chlorpheniramin maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0735		E	Clonidine hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0740		E	Cidofovir injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0743		E	Gilastatin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0745		E	Inj codeine phosphate /30 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0760		E	Colchicine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0770		E	Colistimethate sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0780		E	Prochlorperazine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0800		E	Corticotropin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0810		E	Cortisone injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0835		E	Inj cosyntropin per 0.25 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0850		E	Cytomegalovirus imm IV /vial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs 3	Non-facility		Transitioned Non-facility		Facility		Transitioned Facility		Non-facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
J0895		E	Deferoxamine mesylate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0900		E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0945		E	Brompheniramine maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0970		E	Estradiol valerate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1000		E	Depo-estradiol cypionate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1020		E	Methylprednisolone 20 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1030		E	Methylprednisolone 40 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1040		E	Methylprednisolone 80 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1050		E	Medroxyprogesterone inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1055		N	Medroxyprogester acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1060		E	Testosterone cypionate 1 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1070		E	Testosterone cypionate 100 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1080		E	Testosterone cypionate 200 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1090		E	Testosterone cypionate 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1095		E	Inj dexamethasone acetate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1100		E	Dexamethasone sodium phos	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1110		E	Inj dihydroergotamine mesylt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1120		E	Acetazolamid sodium injectio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1160		E	Digoxin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1165		E	Phenytoin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1170		E	Hydromorphone injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1180		E	Dyphylline injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1190		E	Dexazoxane HCl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1200		E	Diphenhydramine hcl injectio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1205		E	Chlorothiazide sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1212		E	Dimethyl sulfoxide 50% 50 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1230		E	Methadone injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1240		E	Dimenhydrinate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1245		E	Dipyridamole injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1250		E	Inj dobutamine HCL/250 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1260		E	Dolasetron mesylate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1320		E	Amitriptyline injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1325		E	Epoprostenol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1330		E	Ergonovine maleate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1362		E	Erythromycin glucept / 250 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1364		E	Erythro lactobionate /500 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1380		E	Estradiol valerate 10 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1390		E	Estradiol valerate 20 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1410		E	Inj estrogen conjugate 25 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1435		E	Injection estrone per 1 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	
J1436		E	Etidronate disodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1440		E	Filgrastim 300 mcg injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1441		E	Filgrastim 480 mcg injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1455		E	Foscarnet sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1460		E	Gamma globulin 1 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1470		E	Gamma globulin 2 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1480		E	Gamma globulin 3 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1490		E	Gamma globulin 4 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1500		E	Gamma globulin 5 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1510		E	Gamma globulin 6 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1520		E	Gamma globulin 7 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1530		E	Gamma globulin 8 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1540		E	Gamma globulin 9 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1550		E	Gamma globulin 10 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1560		E	Gamma globulin > 10 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1561		E	Immune globulin 500 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1562		E	Immune globulin 5 gms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1565		E	RSV-ivig	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1570		E	Ganciclovir sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1580		E	Garamycin gentamicin inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1600		E	Gold sodium thiomaleate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1610		E	Glucagon hydrochloride/1 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1620		E	Gonadorelin hydroch/ 100 mcg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1626		E	Granisetron HCl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1630		E	Haloperidol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1631		E	Haloperidol decanoate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1642		E	Inj heparin sodium per 10 u	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1644		E	Inj heparin sodium per 1000u	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1645		E	Dalteparin sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1650		E	Inj enoxaparin sodium 30 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1670		E	Tetanus immune globulin inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1690		E	Prednisolone tebutate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1700		E	Hydrocortisone acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1710		E	Hydrocortisone sodium ph inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1720		E	Hydrocortisone sodium succ i	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1730		E	Diazoxide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1739		E	Hydroxyprogesterone cap 125	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1741		E	Hydroxyprogesterone cap 250	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1742		E	Ibutilide fumarate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1760		E	Iron dextran 2 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non-facility		Facility		Transitioned Facility		Non-facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	
J1770	E		Iron dextran 5 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1780	E		Iron dextran 10 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1785	E		Injection imiglucerase /unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1790	E		Droperidol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1800	E		Propranolol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1810	E		Droperidol/fentanyl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1820	E		Insulin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1825	E		Interferon beta-1a	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1830	E		Interferon beta-1b / .25 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1840	E		Kanamycin sulfate 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1850	E		Kanamycin sulfate 75 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1885	E		Ketorolac tromethamine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1890	E		Cephalothin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1910	E		Kutapressin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1930	E		Propiomazine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1940	E		Furosemide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1950	E		Leuprolide acetate /3.75 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1955	E		Inj levocarnitine per 1 gm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1956	E		Levofloxacin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1960	E		Levorphanol tartrate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1970	E		Methotrimeprazine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1980	E		Hyocyanine sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1990	E		Chlorthalidopoxide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2000	E		Lidocaine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2010	E		Lincomycin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2060	E		Lorazepam injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2150	E		Mannitol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2175	E		Meperidine hydrochl /100 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2180	E		Meperidine/promethazine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2210	E		Methylgonovrin maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2240	E		Metocurine iodide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2250	E		Inj midazolam hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2260	E		Inj milrinone lactate / 5 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2270	E		Morphine sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2271	E		Morphine sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2275	E		Morphine sulfate injection 100mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2300	E		Morphine sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2310	E		Inj nalbuphine hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2320	E		Inj naloxone hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2321	E		Nandrolone decanoate 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2321	E		Nandrolone decanoate 100 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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 3 \*Indicates RVUs are not used for Medicare payment.



# ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non-facility		Facility		Transitioned Non-facility		Transitioned Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	Total	practice expense RVUs	Total	
J2322	E		Nandrolone decanoate 200 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2330	E		Thiothixene injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2350	E		Niacinamide/niacin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2355	E		Oprelvekin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2360	E		Orphenadrine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2370	E		Phenylephrine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2400	E		Chlorprocaine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2405	E		Ondansetron hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2410	E		Oxymorphone hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2430	E		Pamidronate disodium /30 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2440	E		Papaverin hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2460	E		Oxytetracycline injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2480	E		Hydrochlorides of opium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2510	E		Penicillin g procaine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2512	E		Inj pentagastrin per 2 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2515	E		Pentobarbital sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2540	E		Penicillin g potassium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2545	E		Pentamidine isethionate/300mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2550	E		Promethazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2560	E		Phenobarbital sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2590	E		Oxytocin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2597	E		Inj desmopressin acetate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2640	E		Prednisolone sodium ph inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2650	E		Prednisolone acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2670	E		Totazoline hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2675	E		Inj progesterone per 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2680	E		Fluphenazine decanoate 25 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2690	E		Procainamide hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2700	E		Oxacillin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2710	E		Neostigmine methylsulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2720	E		Inj protirelin per 250 mcg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2725	E		Pralidoxime chloride inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2730	E		Phentolamine mesylate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2760	E		Metoclopramide hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2765	E		Rho d immune globulin inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2790	E		Rho(D) immune globulin h, sd	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2792	E		Methocarbamol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2800	E		Inj theophylline per 40 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2810	E		Sargramostim injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2820	E			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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3 -Indicates RVUs are not used for Medicare payment.



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs 3	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	
J2860	E		Secobarbital sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2910	E		Aurothioglucose injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2912	E		Sodium chloride injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2920	E		Methylprednisolone injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2930	E		Methylprednisolone injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2950	E		Promazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2970	E		Methicillin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2984	E		Reteplase double bolus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2995	E		Inj streptokinase /250000 IU	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2996	E		Alteplase recombinant inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3000	E		Streptomycin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3010	E		Fentanyl citrate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3030	E		Sumatriptan succinate / 6 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3070	E		Pentazocine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3080	E		Chlorprothixene injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3105	E		Terbutaline sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3120	E		Testosterone enanthate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3130	E		Testosterone enanthate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3140	E		Testosterone suspension inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3150	E		Testosterone propionate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3230	E		Chlorpromazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3240	E		Thyrotropin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3250	E		Trimethobenzamide hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3260	E		Tobramycin sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3265	E		Injection torsemide 10 mg/ml	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3270	E		Imipramine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3280	E		Thiethylperazine maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3301	E		Triamcinolone acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3302	E		Triamcinolone diacetate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3303	E		Triamcinolone hexacetate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3305	E		Inj trimetrexate glucuronate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3310	E		Perphenazine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3320	E		Spectinomycin di-hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3350	E		Urea injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3360	E		Diazepam injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3364	E		Urokinase 5000 IU injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3365	E		Urokinase 250,000 IU inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3370	R		Vancomycin hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3390	E		Methoxamine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3400	E		Trifluoromazine hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
J3410		E	Hydroxyzine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3420		E	Vitamin b12 injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3430		E	Vitamin k phyttonadione inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3450		E	Mephentermine sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3470		E	Hyaluronidase injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3475		E	Inj magnesium sulfate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3480		E	Inj potassium chloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3490		E	Drugs unclassified injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3520		N	Edetate disodium per 150 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3530		E	Nasal vaccine inhalation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3535		N	Metered dose inhaler drug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3570		N	Laetrile amygdalin vit B17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7030		E	Normal saline solution infus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7040		E	Normal saline solution infus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7042		E	5% dextrose/normal saline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7050		E	Normal saline solution infus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7051		E	Sterile saline/water	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7060		E	5% dextrose/water	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7070		E	D5w infusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7100		E	Dextran 40 infusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7110		E	Dextran 75 infusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7120		E	Ringers lactate infusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7130		E	Hypertonic saline solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7190		X	Factor viii	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7191		X	Factor VIII (porcine)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7192		X	Factor viii recombinant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7194		X	Factor ix complex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7196		X	Othr hemophilia clot factors	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7197		X	Antithrombin iii injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7300		N	Intraut copper contraceptive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7310		E	Ganciclovir long act implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7315		E	Sodium hyaluronate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7320		E	Hylan G-F 20 injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7500		X	Azathiop po tab 50mg 100s ea	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7501		X	Azathioprine parenteral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7503		X	Cyclosporine parenteral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7504		X	Lymphocyte immune globulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7505		X	Monoclonal antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7506		X	Prednisone oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7507		E	Tacrolimus oral per 1 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	
J7508		E	Tacrolimus oral per 5 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7509		X	Methylprednisolone oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7510		X	Prednisolone oral per 5 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7513		E	Daclizumab, parenteral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7599		X	Immunosuppressive drug noc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7610		E	Acetylcysteine 10% injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7615		E	Acetylcysteine 20% injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7620		E	Albuterol sulfate .083%/ml	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7625		E	Albuterol sulfate .5% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7627		E	Bitolterolmesylate inhal sol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7630		E	Cromolyn sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7640		E	Epinephrine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7645		E	Ipratropium bromide .02%/ml	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7650		E	Isoetharine hcl .1% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7651		E	Isoetharine hcl .125% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7652		E	Isoetharine hcl .167% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7653		E	Isoetharine hcl .2% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7654		E	Isoetharine hcl .25% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7655		E	Isoetharine hcl 1% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7660		E	Isoproterenol hcl .5% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7665		E	Isoproterenol hcl 1% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7670		E	Metaproterenol sulfate .4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7672		E	Metaproterenol sulfate .6%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7675		E	Metaproterenol sulfate 5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7699		E	Inhalation solution for DME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7799		E	Non-inhalation drug for DME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8499		N	Oral prescrip drug non chemo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8530		E	Cyclophosphamide oral 25 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8560		E	Etoposide oral 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8600		E	Melphalan oral 2 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8610		E	Methotrexate oral 2.5 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8999		E	Oral prescription drug chemo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9000		E	Doxorubic hcl 10 MG vial chemo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9015		E	Adesleukin/single use vial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9020		E	Asparaginase injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9031		E	Bcg live intravesical vac	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9040		E	Bleomycin sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9045		E	Carboplatin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9050		E	Carnus bischl nitro inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9060		E	Cisplatin 10 MG injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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 2 Copyright 1994 American Dental Association. All rights reserved.  
 3 \*Indicates RVUs are not used for Medicare payment.



# ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitional Non-facility		Transitional Facility		Mal- practice		Non- facility		Transitional Facility		Facility		Transitional Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
J9062	E		Cisplatin 50 MG injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9065	E		Inj cladribine per 1 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9070	E		Cyclophosphamide 100 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9070	E		Cyclophosphamide 200 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9080	E		Cyclophosphamide 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9090	E		Cyclophosphamide 1.0 grm inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9091	E		Cyclophosphamide 2.0 grm inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9092	E		Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9093	E		Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9094	E		Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9095	E		Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9096	E		Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9097	E		Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9100	E		Cytarabine hcl 100 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9110	E		Cytarabine hcl 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9120	E		Dactinomycin actinomycin d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9130	E		Dacarbazine 10 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9140	E		Dacarbazine 200 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9150	E		Daunorubicin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9151	E		Daunorubicin citrate liposom	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9165	E		Diethylstilbestrol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9170	E		Docetaxel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9181	E		Etoposide 10 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9182	E		Etoposide 100 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9185	E		Fludarabine phosphate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9190	E		Fluorouracil injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9200	E		Floxuridine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9201	E		Gemcitabine HCl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9202	E		Goserelin acetate implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9206	E		Irinotecan injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9208	E		Ifosfomide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9209	E		Mesna injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9211	E		Idarubicin hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9212	E		Interferon alfacon-1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9213	E		Interferon alfa-2a inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9214	E		Interferon alfa-2b inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9215	E		Interferon alfa-n3 inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9216	E		Interferon gamma 1-b inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9217	E		Leuprolide acetate suspension	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9218	E		Leuprolide acetate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9230	E		Mechlorethamine hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX



## APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Non- facility		Facility		Transitioned Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	
J9245	E		Inj melphalan hydrochl 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9250	E		Methotrexate sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9260	E		Methotrexate sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9265	E		Paclitaxel injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9266	E		Pegaspargase/singl dose vial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9268	E		Pentostatin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9270	E		Plicamycin (mithramycin) inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9280	E		Mitomycin 5 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9290	E		Mitomycin 20 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9291	E		Mitomycin 40 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9293	E		Mitoxantrone hydrochl / 5 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9310	E		Rituximab cancer treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9320	E		Streptozocin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9340	E		Thiotepa injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9350	E		Topotecan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9360	E		Vinblastine sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9370	E		Vincristine sulfate 1 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9375	E		Vincristine sulfate 2 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9380	E		Vincristine sulfate 5 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9390	E		Vinorelbine tartrate/10 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9600	E		Porfimer sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9999	E		Chemotherapy drug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0064	A		Visit for drug monitoring	0.37	0.21	0.21	0.21	0.19	0.21	0.21	0.21	0.60	0.60	0.60	0.58	0.60	0.60	0.60	XXX
M0075	N		Cellular therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0076	N		Prolotherapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0100	N		Intragastric hypothermia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0101	D		Foot care hygienic/pm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0300	N		IV chelationtherapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0301	N		Fabric wrapping of aneurysm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0302	N		Assessment of cardiac output	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2028	X		Cephalin flocculation test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2029	X		Congo red blood test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2031	N		Hair analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2033	X		Blood thymol turbidity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2038	X		Blood mucoprotein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P3000	X		Screen pap by tech w md supv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P3001	A		Screening pap smear by phys	0.42	0.18	0.31	0.31	0.18	0.31	0.31	0.31	0.76	0.76	0.63	0.63	0.76	0.76	0.76	XXX
P3001	H	26	Screening pap smear by phys	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P7001	I		Culture bacterial urine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9010	E		Whole blood for transfusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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3 \*Indicates RVUs are not used for Medicare payment.



**APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -**

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitional Non-facility		Facility		Transitional Facility		Mal- practice		Non- facility		Transitional Facility		Facility		Transitional Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
P9011		E	Blood split unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9012		E	Cryoprecipitate each unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9013		E	Unit's blood fibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9014		D	Gamma globulin 1 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9015		D	Rh immune globulin 1 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9016		E	Leukocyte poor blood, unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9017		E	One donor fresh frozen plasma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9018		E	Plasma protein fract, unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9019		E	Platelet concentrate unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9020		E	Platelet rich plasma unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9021		E	Red blood cells unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9022		E	Washed red blood cells unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9603		X	One-way allow prorated miles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9604		X	One-way allow prorated trip	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9610		D	Urine specimen collect singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9612		X	Catheterize for urine spec	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9615		X	Urine specimen collect mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0034		X	Admin of influenza vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0035		A	Cardiokymography	0.17	0.46	0.51	0.46	0.51	0.46	0.51	0.46	0.51	0.03	0.51	0.66	0.71	0.66	0.71	0.66	0.71	0.66	0.71	XXX
Q0035	26	A	Cardiokymography	0.17	0.06	0.11	0.06	0.11	0.06	0.11	0.06	0.11	0.01	0.11	0.24	0.29	0.24	0.29	0.24	0.29	0.24	0.29	XXX
Q0035	TC	A	Cardiokymography	0.00	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.02	0.40	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	XXX
Q0068		A	Extracorporeal plasmapheresis	1.67	4.00	2.04	0.65	1.20	0.65	1.20	0.65	1.20	0.13	1.20	5.80	3.84	2.45	3.00	2.45	3.00	2.45	3.00	000
Q0091		A	Obtaining screen pap smear	0.37	0.67	0.39	0.13	0.26	0.13	0.26	0.13	0.26	0.02	0.26	1.06	0.78	0.52	0.65	0.52	0.65	0.52	0.65	XXX
Q0092		A	Set up port xray equipment	0.00	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.01	0.33	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	XXX
Q0111		X	Wet mounts/ w preparations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0112		X	Potassium hydroxide preps	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0113		X	Pinworm examinations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0114		X	Fern test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0115		X	Post-coital mucous exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0132		X	Dispensing fee DME neb drug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0136		X	Non esrd epoetin alpha inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0144		N	Azithromycin dihydrate, oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0156		X	Human albumin 5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0157		X	Human albumin 25%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0160		X	Factor IX non-recombinant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0161		X	Factor IX recombinant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0163		X	Diphenhydramine HCl 50mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0164		E	Prochlorperazine maleate 5mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0165		E	Prochlorperazine maleate 10mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0166		E	Granisetron HCl 1 mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	practice expense RVUs		practice expense RVUs		mal- practice expense RVUs		Non- facility Total		Facility Total		Global	
					RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs	RVUs				
Q0167	E		Dronabinol 2.5mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q0168	E		Dronabinol 5mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q0169	E		Promethazine HCl 12.5mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q0170	E		Promethazine HCl 25 mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q0171	E		Chlorpromazine HCl 10mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q0172	E		Chlorpromazine HCl 25mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q0173	E		Trimethobenzamide HCl 250mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q0174	E		Thiethylperazine maleate10mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q0175	E		Perphenazine 4mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q0176	E		Perphenazine 8mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q0177	E		Hydroxyzine pamoate 25mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q0178	E		Hydroxyzine pamoate 50mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q0179	E		Ondansetron HCl 8mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q0180	E		Dolasetron mesylate oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q0181	X		Unspecified oral anti-emetic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q0183	E		Nonmetabolic active tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q0184	E		Metabolically active tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q0185	E		Metabolic active D/E tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q9920	E		Epoetin with hct <= 20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q9921	E		Epoetin with hct = 21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q9922	E		Epoetin with hct = 22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q9923	E		Epoetin with hct = 23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q9924	E		Epoetin with hct = 24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q9925	E		Epoetin with hct = 25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q9926	E		Epoetin with hct = 26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q9927	E		Epoetin with hct = 27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q9928	E		Epoetin with hct = 28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q9929	E		Epoetin with hct = 29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q9930	E		Epoetin with hct = 30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q9931	E		Epoetin with hct = 31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q9932	E		Epoetin with hct = 32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q9933	E		Epoetin with hct = 33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q9934	E		Epoetin with hct = 34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q9935	E		Epoetin with hct = 35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q9936	E		Epoetin with hct = 36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q9937	E		Epoetin with hct = 37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q9938	E		Epoetin with hct = 38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q9939	E		Epoetin with hct = 39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
Q9940	E		Epoetin with hct >= 40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	
A0070	A		Transport portable x-ray	0.00	1.64	1.64	1.64	1.64	0.01	1.65	1.65	1.65	1.65	1.65	1.65	XXX

1 CPT codes and descriptions only are copyright 1998 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.  
 2 Copyright 1994 American Dental Association. All rights reserved.  
 3 Indicates RVUs are not used for Medicare payment.



# APPENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs			Non- facility practice expense RVUs			Transitioned Non-facility practice expense RVUs			Facility practice expense RVUs			Mal- practice RVUs			Transitioned Non- facility Total			Facility Total			Transitioned Facility Total			Global		
				RVUs	3		RVUs			RVUs			RVUs			RVUs			Total			Total			Total			Total		
R0075		A	Transport port x-ray multipl	0.00			0.69			0.69			0.69			0.01			0.70			0.70			0.70			0.70	0.00	XXX
R0076		B	Transport portable EKG	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2020		X	Vision svcs frames purchases	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2025		N	Eyeglasses deluxe frames	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2100		X	Lens spher single plano 4.00	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2101		X	Single spher sphere 4.12-7.00	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2102		X	Singl visn sphere 7.12-20.00	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2103		X	Sphero cylindr 4.00d/12-2.00d	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2104		X	Sphero cylindr 4.00d/2.12-4d	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2105		X	Sphero cylindr 4.00d/4.25-6d	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2106		X	Sphero cylindr 4.00d/6.00d	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2107		X	Sphero cylindr 4.25d/12-2d	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2108		X	Sphero cylindr 4.25d/2.12-4d	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2109		X	Sphero cylindr 4.25d/4.25-6d	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2110		X	Sphero cylindr 4.25d/over 6d	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2111		X	Sphero cylindr 7.25d/2.25-2.25	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2112		X	Sphero cylindr 7.25d/2.25-4d	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2113		X	Sphero cylindr 7.25d/4.25-6d	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2114		X	Sphero cylindr over 12.00d	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2115		X	Lens lenticular bifocal	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2116		X	Nonaspheric lens bifocal	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2117		X	Aspheric lens bifocal	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2118		X	Lens aniseikonic single	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2199		X	Lens single vision not oth c	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2200		X	Lens spher bifoc plano 4.00d	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2201		X	Lens sphere bifocal 4.12-7.0	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2202		X	Lens sphere bifocal 7.12-20.	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2203		X	Lens sphcyl bifocal 4.00d/.1	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2204		X	Lens sphcyl bifocal 4.00d/2.1	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2205		X	Lens sphcyl bifocal 4.00d/4.2	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2206		X	Lens sphcyl bifocal 4.00d/ove	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2207		X	Lens sphcyl bifocal 4.25-7d/.	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2208		X	Lens sphcyl bifocal 4.25-7/2.	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2209		X	Lens sphcyl bifocal 4.25-7/4.	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2210		X	Lens sphcyl bifocal 4.25-7/ov	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2211		X	Lens sphcyl bifo 7.25-12/25-	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2212		X	Lens sphcyl bifo 7.25-12/2.2	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2213		X	Lens sphcyl bifo 7.25-12/4.2	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2214		X	Lens sphcyl bifocal over 12.	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX
V2215		X	Lens lenticular bifocal	0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00			0.00	0.00	XXX

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3 \*Indicates RVUs are not used for Medicare payment.



## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitional Non-facility		Facility		Transitional Facility		Non- facility		Facility		Transitional Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	
V2216		X	Lens lenticular nonaspheric	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2217		X	Lens lenticular aspheric bif	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2218		X	Lens aniseikonic bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2219		X	Lens bifocal seg width over	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2220		X	Lens bifocal add over 3.25d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2299		X	Lens bifocal speciality	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2300		X	Lens sphere trifocal 4.00d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2301		X	Lens sphere trifocal 4.12-7.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2302		X	Lens sphere trifocal 7.12-20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2303		X	Lens sphcy trifocal 4.0/12-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2304		X	Lens sphcy trifocal 4.0/2.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2305		X	Lens sphcy trifocal 4.0/4.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2306		X	Lens sphcyl trifocal 4.00/>6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2307		X	Lens sphcy trifocal 4.25-7/	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2308		X	Lens sphc trifocal 4.25-7/2.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2309		X	Lens sphc trifocal 4.25-7/4.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2310		X	Lens sphc trifocal 4.25-7/>6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2311		X	Lens sphc trifo 7.25-12/25-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2312		X	Lens sphc trifo 7.25-12/2.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2313		X	Lens sphc trifo 7.25-12/4.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2314		X	Lens sphcyl trifocal over 12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2315		X	Lens lenticular trifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2316		X	Lens lenticular nonaspheric	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2317		X	Lens lenticular aspheric tri	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2318		X	Lens aniseikonic trifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2319		X	Lens trifocal seg width > 28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2320		X	Lens trifocal add over 3.25d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2399		X	Lens trifocal speciality	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2410		X	Lens variab asphericity sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2430		X	Lens variable asphericity bi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2499		X	Variable asphericity lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2500		X	Contact lens pmma spherical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2501		X	Cntct lens pmma-toric/prism	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2502		X	Contact lens pmma bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2503		X	Cntct lens pmma color vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2510		X	Cntct gas permeable sphericl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2511		X	Cntct toric prism ballast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2512		X	Cntct lens gas permbl bifocl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2513		X	Contact lens extended wear	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2520		P	Contact lens hydrophilic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitional Non-facility		Transitional Facility		Non- facility		Transitional Facility		Facility		Transitional Facility		Global
					practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	practice expense RVUs	RVUs	
V2521		X	Contact lens hydrophilic toric	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2522		X	Contact lens hydrophilic bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2523		X	Contact lens hydrophilic extend	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2530		X	Contact lens gas impermeable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2531		X	Contact lens gas permeable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2599		X	Contact lens/es other type	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2600		X	Hand held low vision aids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2610		X	Single lens spectacle mount	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2615		X	Telescop/othr compound lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2623		X	Plastic eye prosth custom	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2624		X	Polishing artificial eye	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2625		X	Enlargement of eye prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2626		X	Reduction of eye prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2627		X	Scleral cover shell	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2628		X	Fabrication & fitting	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2629		X	Prosthetic eye other type	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2630		X	Anter chamber intraocular lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2631		X	Iris support intraocular lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2632		X	Post chmr intraocular lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2700		X	Balance lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2710		X	Glass/plastic slab off prism	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2715		X	Prism lens/es	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2718		X	Fresnell prism press-on lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2730		X	Special base curve	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2740		X	Rose tint plastic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2741		X	Non-rose tint plastic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2742		X	Rose tint glass	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2743		X	Non-rose tint glass	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2744		X	Tint photochromatic lens/es	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2750		X	Anti-reflective coating	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2755		X	UV lens/es	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2760		X	Scratch resistant coating	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2770		X	Occluder lens/es	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2780		X	Overize lens/es	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2781		X	Progressive lens per lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2785		X	Corneal tissue processing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2799		X	Miscellaneous vision service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5008		N	Hearing screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5010		N	Assessment for hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5011		N	Hearing aid fitting/checking	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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## ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT <sup>1/</sup> HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned		Transitioned		Transitioned		Global	
					practice expense RVUs	RVUs	Non-facility practice expense RVUs	Facility practice expense RVUs	Facility practice expense RVUs	Mal- practice RVUs	Non- facility Total	Non- facility Total		Facility Total
V5014		N	Hearing aid repair/modifying	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5020		N	Conformity evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5030		N	Body-worn hearing aid air	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5040		N	Body-worn hearing aid bone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5050		N	Body-worn hearing aid in ear	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5060		N	Behind ear hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5070		N	Glasses air conduction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5080		N	Glasses bone conduction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5090		N	Hearing aid dispensing fee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5100		N	Body-worn bilat hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5110		N	Hearing aid dispensing fee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5120		N	Body-worn binaur hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5130		N	In ear binaural hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5140		N	Behind ear binaur hearing ai	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5150		N	Glasses binaural hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5160		N	Dispensing fee binaural	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5170		N	Within ear cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5180		N	Behind ear cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5190		N	Glasses cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5200		N	Cros hearing aid dispens fee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5210		N	In ear bicros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5220		N	Behind ear bicros hearing ai	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5230		N	Glasses bicros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5240		N	Dispensing fee bicros	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5299		R	Hearing service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5336		N	Repair communication device	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5362		R	Speech screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5363		R	Language screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5364		R	Dysphagia screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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3 \*Indicates RVUs are not used for Medicare payment.



## ADDENDUM C - CODES WITH INTERIM RVUS

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work <sup>3</sup> RVUs	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mal- practice		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
15000	A		Skin graft	4.00	2.25	2.31	1.93	2.23	0.41	6.66	6.72	6.34	0.41	6.66	6.72	6.34	0.41	6.66	6.72	6.34	0.41	6.66	000
15001	A		Skin graft add-on	1.00	0.49	0.49	0.48	0.48	0.41	1.90	1.90	1.89	0.41	1.90	1.90	1.89	0.41	1.90	1.90	1.89	0.41	1.89	ZZZ
15350	A		Skin homograft	4.00	6.47	3.37	3.58	2.64	0.33	10.80	7.70	7.91	0.33	10.80	7.70	7.91	0.33	10.80	7.70	7.91	0.33	6.97	090
15351	A		Skin homograft add-on	1.00	0.41	0.41	0.45	0.45	0.26	1.67	1.67	1.71	0.26	1.67	1.67	1.71	0.26	1.67	1.67	1.71	0.26	1.71	ZZZ
15400	A		Skin heterograft	4.00	3.69	1.79	4.22	1.92	0.13	7.82	5.92	8.35	0.13	7.82	5.92	8.35	0.13	7.82	5.92	8.35	0.13	6.05	090
15401	A		Skin heterograft add-on	1.00	0.41	0.41	0.45	0.45	0.26	1.67	1.67	1.71	0.26	1.67	1.67	1.71	0.26	1.67	1.67	1.71	0.26	1.71	ZZZ
19364	A		Breast reconstruction	41.00	NA	NA	23.30	19.40	2.80	NA	NA	67.10	2.80	NA	NA	67.10	2.80	NA	NA	67.10	2.80	63.20	090
27347	A		Remove knee cyst	5.78	2.44	2.44	2.83	2.83	0.74	8.96	8.96	9.35	0.74	8.96	8.96	9.35	0.74	8.96	8.96	9.35	0.74	9.35	090
28289	A		Repair hallux rigidus	7.04	2.78	2.78	3.12	3.12	0.42	10.24	10.24	10.58	0.42	10.24	10.24	10.58	0.42	10.24	10.24	10.58	0.42	10.58	090
31622	A		Dx bronchoscope/wash	2.67	3.18	3.30	1.12	2.79	0.27	6.12	6.24	4.06	0.27	6.12	6.24	4.06	0.27	6.12	6.24	4.06	0.27	5.73	000
31623	A		Dx bronchoscope/brush	3.07	3.33	3.33	1.25	1.25	0.27	6.67	6.67	4.59	0.27	6.67	6.67	4.59	0.27	6.67	6.67	4.59	0.27	4.59	000
31624	A		Dx bronchoscope/lavage	3.11	3.35	3.35	1.26	1.26	0.27	6.73	6.73	4.64	0.27	6.73	6.73	4.64	0.27	6.73	6.73	4.64	0.27	4.64	000
31643	A		Dx bronchoscope/catheter	3.50	1.73	1.73	1.23	1.23	0.66	5.89	5.89	5.39	0.66	5.89	5.89	5.39	0.66	5.89	5.89	5.39	0.66	5.39	000
32001	A		Total lung lavage	5.71	2.11	2.11	2.17	2.17	0.27	8.09	8.09	8.15	0.27	8.09	8.09	8.15	0.27	8.09	8.09	8.15	0.27	8.15	000
35681	A		Composite bypass graft	1.60	NA	NA	2.05	7.73	2.75	NA	NA	6.40	2.75	NA	NA	6.40	2.75	NA	NA	6.40	2.75	12.08	ZZZ
35682	A		Composite bypass graft	7.20	2.81	2.81	2.74	2.74	2.75	12.76	12.76	12.69	2.75	12.76	12.76	12.69	2.75	12.76	12.76	12.69	2.75	12.69	ZZZ
35683	A		Composite bypass graft	8.50	3.32	3.32	3.22	3.22	2.75	14.57	14.57	14.47	2.75	14.57	14.57	14.47	2.75	14.57	14.57	14.47	2.75	14.47	ZZZ
35875	A		Removal of clot in graft	10.13	NA	NA	5.87	8.15	1.29	NA	NA	17.29	1.29	NA	NA	17.29	1.29	NA	NA	17.29	1.29	19.57	090
35876	A		Removal of clot in graft	17.00	NA	NA	8.90	8.91	1.29	NA	NA	27.20	1.29	NA	NA	27.20	1.29	NA	NA	27.20	1.29	27.20	090
36831	A		Av fistula excision	8.00	2.38	2.38	2.98	2.98	1.86	11.67	11.67	12.27	1.86	11.67	11.67	12.27	1.86	11.67	11.67	12.27	1.86	12.27	090
36832	A		Av fistula revision	10.50	NA	NA	5.56	7.17	1.29	NA	NA	17.92	1.29	NA	NA	17.92	1.29	NA	NA	17.92	1.29	19.53	090
36833	A		Av fistula revision	11.95	4.52	4.52	4.49	4.49	1.29	17.76	17.76	17.73	1.29	17.76	17.76	17.73	1.29	17.76	17.76	17.73	1.29	17.73	090
45126	A		Pelvic exenteration	38.39	13.90	13.90	13.63	13.63	4.81	57.10	57.10	56.83	4.81	57.10	57.10	56.83	4.81	57.10	57.10	56.83	4.81	56.83	090
57106	A		Remove vagina wall, partial	6.36	2.45	2.45	2.37	2.37	0.86	9.67	9.67	9.59	0.86	9.67	9.67	9.59	0.86	9.67	9.67	9.59	0.86	9.59	090
57107	A		Remove vagina tissue/partial	23.00	8.71	8.71	8.53	8.53	0.86	32.57	32.57	32.39	0.86	32.57	32.57	32.39	0.86	32.57	32.57	32.39	0.86	32.39	090
57109	A		Vaginectomy partial w/nodes	27.00	9.80	9.80	9.36	9.36	3.03	39.83	39.83	39.39	3.03	39.83	39.83	39.39	3.03	39.83	39.83	39.39	3.03	39.39	090
57111	A		Remove vagina tissue/compl	27.00	9.43	9.43	10.12	10.12	3.03	39.46	39.46	40.15	3.03	39.46	39.46	40.15	3.03	39.46	39.46	40.15	3.03	40.15	090
57112	A		Vaginectomy complete w/nodes	29.00	10.00	10.00	9.96	9.96	3.03	42.03	42.03	41.99	3.03	42.03	42.03	41.99	3.03	42.03	42.03	41.99	3.03	41.99	090
67210	A		Treatment of retinal lesion	8.82	7.03	9.10	5.69	5.10	0.37	16.22	18.29	14.88	0.37	16.22	18.29	14.88	0.37	16.22	18.29	14.88	0.37	14.29	090
67220	A		Treat choroid lesion	13.13	6.61	6.61	6.54	6.54	0.37	20.11	20.11	20.04	0.37	20.11	20.11	20.04	0.37	20.11	20.11	20.04	0.37	20.04	090
67320	A		Revise eye muscle(s) add-on	4.33	NA	NA	7.49	9.63	0.28	NA	NA	12.10	0.28	NA	NA	12.10	0.28	NA	NA	12.10	0.28	14.24	ZZZ
67331	A		Eye surgery follow-up add-on	4.06	NA	NA	5.90	8.74	0.22	NA	NA	10.18	0.22	NA	NA	10.18	0.22	NA	NA	10.18	0.22	13.02	ZZZ
67332	A		Revise eye muscles add-on	4.49	NA	NA	6.95	9.79	0.24	NA	NA	11.68	0.24	NA	NA	11.68	0.24	NA	NA	11.68	0.24	14.52	ZZZ
67334	A		Revise eye muscle w/suture	3.98	NA	NA	6.07	6.65	0.13	NA	NA	10.18	0.13	NA	NA	10.18	0.13	NA	NA	10.18	0.13	10.76	ZZZ
67340	A		Revise eye muscle add-on	4.93	NA	NA	7.64	8.32	0.16	NA	NA	12.73	0.16	NA	NA	12.73	0.16	NA	NA	12.73	0.16	13.41	ZZZ
69990	R		Microsurgery add-on	3.46	1.83	1.83	1.83	1.83	0.73	6.02	6.02	6.02	0.73	6.02	6.02	6.02	0.73	6.02	6.02	6.02	0.73	6.02	ZZZ
76006	A		X-ray stress view	0.41	0.11	0.11	0.11	0.11	0.03	0.55	0.55	0.55	0.03	0.55	0.55	0.55	0.03	0.55	0.55	0.55	0.03	0.55	XXX
76977	R		Us bone density measure	0.22	0.94	0.94	0.94	0.94	0.06	1.22	1.22	1.22	0.06	1.22	1.22	1.22	0.06	1.22	1.22	1.22	0.06	1.22	XXX
76977	26	R	Us bone density measure	0.22	0.08	0.08	0.08	0.08	0.02	0.32	0.32	0.32	0.02	0.32	0.32	0.32	0.02	0.32	0.32	0.32	0.02	0.32	XXX
78018	26	A	Thyroid, met imaging, body	0.86	0.25	0.42	0.25	0.42	0.05	1.16	1.33	1.16	0.05	1.16	1.33	1.16	0.05	1.16	1.33	1.16	0.05	1.33	XXX

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## ADDENDUM C - CODES WITH INTERIM RVUS

CPT <sup>1</sup> / HCPCS <sup>2</sup>	Mod	Status	Description	Physician work RVUs <sup>3</sup>	Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Mol- practice		Non- facility		Transitioned Non-facility		Facility		Transitioned Facility		Global
					practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	RVUs	RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	practice RVUs	expense RVUs	
78020		A	Thyroid met uptake	0.60	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.08	0.08	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	ZZZ
78206	26	A	Liver image (3-d) w/flow	0.96	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.03	0.03	1.27	1.27	1.27	1.27	1.27	1.27	1.27	1.27	XXX
78494	26	A	Heart image, spect	1.19	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.05	0.05	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	XXX
78496	26	A	Heart first pass add-on	0.50	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.05	0.05	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	ZZZ
78588	26	A	Perfusion lung image	1.09	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.04	0.04	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43	XXX
88291		A	Cyto/molecular report	0.52	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.01	0.01	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	XXX
92135	26	A	Ophthalmic dx imaging	0.35	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.02	0.02	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	XXX
93571	26	A	Heart flow reserve measure	1.80	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.06	0.06	2.54	2.54	2.54	2.54	2.54	2.54	2.54	2.54	ZZZ
93572	26	A	Heart flow reserve measure	1.44	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.05	0.05	2.04	2.04	2.04	2.04	2.04	2.04	2.04	2.04	ZZZ
94014	26	A	Patient recorded spirometry	0.52	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.02	0.02	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	XXX
94016		A	Review patient spirometry	0.52	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.04	0.04	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	XXX
94621	26	A	Pulm stress test/complex	0.88	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.04	0.04	1.19	1.19	1.19	1.19	1.19	1.19	1.19	1.19	XXX
95970		A	Neurostim analyze, no program	0.45	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.09	0.09	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	XXX
95971		A	Simple neurostim analyze	0.78	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.09	0.09	1.08	1.08	1.08	1.08	1.08	1.08	1.08	1.08	XXX
95972		A	Complex neurostim analyze	1.50	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.09	0.09	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	XXX
95973		A	Complex neurostim analyze	0.92	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.09	0.09	1.26	1.26	1.26	1.26	1.26	1.26	1.26	1.26	ZZZ
95974		A	Complex cranial neurostim	3.00	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.09	0.09	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	XXX
95975		A	Complex cranial neurostim	1.70	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.09	0.09	2.41	2.41	2.41	2.41	2.41	2.41	2.41	2.41	ZZZ
97140		A	Manual therapy	0.43	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.02	0.02	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	XXX
99298		A	Neonatal critical care	2.75	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.30	0.30	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	XXX
G0141		A	Scr c/v cyto, autosys and md	0.42	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.03	0.03	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	XXX

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